

<b>Case Number:</b>	CM15-0146233		
<b>Date Assigned:</b>	08/18/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male with an industrial injury dated 07-22-2014. The injury is documented as occurring when he fell with right knee striking metal edge of a step. His diagnosis was right osteoarthritis, degenerative joint disease - knee. Prior treatment included cortisone injection, aspiration of knees, Supartz injections, acupuncture, brace, cane and medications. He presents on 06-23-2015 with complaints of right knee pain. Physical exam noted tenderness of the right knee and patella. Right knee range of motion was limited due to pain and swelling. The provider documents the knee x-ray to show a medial joint space narrowing and complete lateral patellofemoral joint space narrowing. His current medication was Ibuprofen. The treatment request is for: Right total knee arthroplasty, Associated surgical service: Post-op, physical therapy, 2 x 6 weeks, right knee, Associated surgical service: Home health visit and associated surgical service: Home health visit

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right total knee arthroplasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter - online version, Knee joint replacement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Knee Replacement.

**Decision rationale:** The MRI scan of the right knee dated 2/11/2015 revealed severe tricompartmental osteoarthritis and degenerative tears of the menisci. The findings were worse when compared to a prior study of 6/23/2009. An orthopedic examination dated 4/27/2015 indicates a follow-up visit for sodium hyaluronic injection #2. He complained of knee pain 9/10 on that day. Symptoms were aggravated by standing for more than 15 minutes, squatting and walking more than 15 minutes, kneeling and going up and down stairs. Symptoms were relieved by Supartz injections, cortisone injections, rest and salsalate. The injured worker reported more pain and discomfort following the first Supartz injection. On examination range of motion was 0- 110 on the right and 0-125 on the left. McMurray was negative. There was tenderness along the medial joint line. Because of a large knee effusion, it was suggested that he not take the second injection of Supartz. On 5/22/2015 documentation indicates that he was able to work and maintained a sedentary job. He was riding a train 2-1/2-3 hours each way to get to his place of employment. He could walk about a quarter of mile without having severe pain. Knee examination revealed a normal non-antalgic gait. There was a moderate effusion present. There was tenderness over the right knee including the patella. Range of motion was 5-115 active and 3-120 passive. Muscle strength was 5/5. The diagnosis was right knee osteoarthritis. Treatment options were discussed and the injured worker elected a total knee arthroplasty. ODG guidelines indicate a total knee arthroplasty when the following criteria are met: Conservative care including exercise therapy, supervised physical therapy and/or home rehabilitation exercises and medications (NSAIDs, Viscosupplementation, or steroid injections) plus subjective clinical findings of limited range of motion less than 90 for total knee replacement and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 and body mass index of less than 40 plus imaging clinical findings of osteoarthritis on standing x-rays documenting significant loss of chondral clear space in at least one of the 3 compartments. In this case although the injured worker has imaging evidence of osteoarthritis, the documentation indicates a good response to corticosteroid injections in the past, ability to walk quarter of mile, no documentation of night pain and no documentation of no pain relief with conservative care. Furthermore, range of motion is greater than 90 and the BMI is not mentioned. As such, the ODG indications for a total knee arthroplasty have not been met and the medical necessity of the request has not been substantiated.

**Associated surgical service: 3 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Post-op physical therapy, 2x6 weeks, right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Home health visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.