

<b>Case Number:</b>	CM15-0164152		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/30/1976
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 68-year-old male who sustained an industrial injury on 12/30/76. Injury was reported relative to his usual and customary work duties as a professional football player. Past surgical history was positive for right knee surgery on 1/2/75. Past medical history was positive for prostate cancer, hypertension, and stomach ulcers. The 7/17/15 initial treating physician report cited bilateral knee pain with popping and locking. Pain can get up to a 9/10. Physical exam documented height 5'11 and weight 205 pounds. Right knee exam documented well-healed surgical scars, range of motion 3-110 degrees, and no obvious ligamentous laxity. Left knee exam documented small effusion, range of motion 5-120 degrees, medial joint line tenderness, and a varus alignment of the left knee. Bilateral knee x-rays were obtained and showed significant osteoarthritis in both knees in all 3 compartments. The right knee lateral compartment was bone-on-bone, and the left knee medial compartment was bone-on-bone. There were some calcifications in the distal femur and proximal tibia, which looked like either bony infarcts or enchondromas. Conservative treatment was discussed but based on his age and severity of findings, it was reasonable to consider knee replacements at this time. Authorization was requested for total knee replacement surgery. The 8/12/15 utilization review non-certified the request for total knee replacement surgery as there was no detailed evidence of failed conservative treatment or discussion of the injured worker's current body mass index.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total knee replacement surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee joint replacement, Indications for Surgery-Knee Arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee joint replacement.

**Decision rationale:** The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have not been met. This 68-year-old injured worker presents with bilateral knee pain with popping and locking. Clinical exam findings documented limited range of motion and body mass index less than 30. There is imaging evidence of significant tricompartmental bilateral knee osteoarthritis. There is no functional assessment documented, and no discussion of nighttime joint pain. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no documentation of medications, exercise, or injection treatment. Therefore, this request is not medically necessary at this time.