

<b>Case Number:</b>	CM15-0180648		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: California, Indiana, Oregon  
 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 45 year old male, who sustained an industrial injury on 1-6-2012. The medical records indicate that the injured worker is undergoing treatment for right knee osteoarthritis, tricompartmental, status post right knee arthroscopy. According to the progress report dated 7-31-2015, the injured worker presented with complaints of progressively worsening right knee pain, associated with swelling, stiffness, and clicking, popping, worse at night, decreased range of motion, and decreased mobility. The pain is described as constant, sharp-to-dull, and every day. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the right knee reveals moderate tenderness over the medial and lateral joint line, mild effusion, painful and reduced range of motion, crepitus, and decreased muscle strength (4 out of 5) with respect to flexors and extensors. The current medications are not specified. Previous diagnostic testing includes x-rays and MRI studies. MRI of the right knee from 6-20-2014 shows no definite meniscal tears, grade II signals in the anterior and posterior horn of the medial meniscus, joint effusion, chondromalacia patella, and patellofemoral joint arthropathy. Treatments to date include medication management, post-operative physical therapy, aquatic therapy (no relief), 3 series of Euflexxa injections (no relief), and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (9-2-2015) had non-certified a request for right total knee arthroplasty with all associated services.

### 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- 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) knee.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. In this case, the age is 45. The request is not medically necessary.

**Associated surgical services: Three (3) day length of 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Four (4) in home post-op physical therapy sessions for the 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Two pair of post-operative TED hose, 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical services: Unspecified number of daily in home skilled nursing:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical services: Twenty-one (21) day cold therapy rental for the 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op CPM (continuous passive motion) machine for the 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.