

<b>Case Number:</b>	CM15-0184154		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 68 year old male who sustained an industrial injury on March 11, 2009. A recent orthopedic progress note dated July 01, 2015 reported the worker with right knee pain and osteoarthritis. There is a history of trauma to the right knee, status post open reduction internal fixation, and on October 2014 removal of hardware with manipulation. There is mention of the worker "scheduled to receive a cortisone injection to the right hip attain in the coming weeks". He is also going for a "neck trigger point injection" at the end of this month. He would like to talk about surgical evaluation of his right knee, but would also like to postpone an intervention until the last week of July. He states "his pain to the hip and knee have required modification of his activities and continues to be progressive and painful. He does not want to modify his activities any longer and would like something to be done." The assessment noted: "right knee pain and would like to proceed with surgical intervention once his hip pain and neck issues have been sorted out." The plan of care noted "patient wishes to post-pone surgery until at least the last week of July." "He likes to have a TKA and will be given a return appointment on August 03, 2015 and will at that time be scheduled for surgery." He is to remain weight bearing as tolerated; activity as tolerated and pain control as directed by specialist. An operative report dated October 23, 2014 reported the worker undergoing removal of hardware, right tibia. A request was made on July 01, 2015 for pre-operative medical clearance to undergo right knee surgery which was noted denied due to the fact that the knee procedure was denied; therefore the pre-operative clearance testing would be denied also as not meeting medical necessity guideline requirements. Utilization Review assessed the case on September 02, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op medical clearance (to include: EKG, CBC, BMP, and UA): 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.

**Post-operative DME: walker: 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.

**Post-op medication and antibiotics (Norco 10/325 or 5/325 mg #60): 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.

**Total right 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 chapter.

**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, there is no clear radiographic evidence of significant chondral clear space loss in 2 of 3 compartments on standing radiographs. The request is not medically necessary.

**Post-op physical therapy-right knee 3 times 4: 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.

**Assistant surgeon:** 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.