

<b>Case Number:</b>	CM15-0189366		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 83 year old male, who sustained an industrial injury on 03-14-2013. He has reported subsequent left knee pain and was diagnosed with left knee moderate arthritis with valgus alignment and status post left knee arthroscopic surgery. MRI of the left knee on 09-06-2014 showed tears in the lateral and medial meniscus, degenerative changes of the medial and lateral menisci, findings compatible with bone contusion and chondromalacia patellae and moderate joint effusion. Weight bearing x-rays of the left knee on 07-17-2015 were noted to show moderate lateral joint space narrowing. Treatment to date has included pain medication, acupuncture, viscosupplementation injections which were noted to have failed to significantly relieve the pain. Work status was documented as modified. In a progress note on 07-22-2015, the injured worker reported continued left knee pain and swelling and decreased range of motion of the left knee with 1+ effusion. The physician noted that he injured worker had three Synvisc injections without any improvement. In a progress note dated 08-20-2015, the injured worker reported continued pain in the left knee that was worse with walking and that he was less active due to pain. Objective examination findings revealed valgus alignment of the left knee and tenderness of the left knee. The physician noted that the injured worker had moderate arthritis in the lateral compartment and pain on a daily basis and that he had failed conservative treatments including medications, viscosupplementation injections and therapy. A recommendation was made for total left knee arthroplasty. A request for authorization of left total knee arthroplasty, pre-operative medical clearance, pre-operative laboratory studies and associated surgical service:

physical therapy for the left knee, quantity of 24 sessions was submitted. As per the 09-11-2015 utilization review, the aforementioned requests were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left 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 and Leg (updated 07/10/15) - 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 joint replacement.

**Decision rationale:** The injured worker is an 83-year-old male with a date of injury of 3/14/2013. Progress notes dated 5/28/2015 document a mild valgus deformity of the left knee. He was status post arthroscopic surgery. The diagnostic impression was left knee pain and left knee mild arthritis. A follow-up orthopedic note of 8/20/2015 indicates persisting pain, worse with walking. Examination of the left knee revealed valgus alignment but the degree of valgus is not documented. There was tenderness about his knee. No other examination findings are reported. Weightbearing x-rays of the left knee showed moderate lateral joint space narrowing. The impression was moderate arthritis with valgus alignment. A detailed examination is not included and so guideline criteria for a total knee arthroplasty have not been met. ODG guidelines indicate a total knee arthroplasty when the following criteria have been met: 1. Conservative care including exercise therapy, supervised physical therapy or home rehabilitation exercises and medications NSAIDs or Viscosupplementation or steroid injections, PLUS subjective clinical findings of limited range of motion less than 90 for a 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 less than 40 PLUS imaging clinical findings of significant loss of chondral clear space in at least one of the 3 compartments and involvement of 2 of the 3 compartments with osteoarthritis. A varus or valgus deformity is an indication of additional strength. In this case, moderate osteoarthritis is reported in the lateral compartment. There is no documentation of severe osteoarthritis in any compartment. The notes do not document the range of motion, BMI, nighttime joint pain, and current functional limitations demonstrating necessity of intervention. As such, the guideline criteria have not been met and the medical necessity of the requested total knee arthroplasty has not been substantiated.

#### **Pre-operative medical clearance: 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.

**Pre-operative laboratory studies:** 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: physical therapy for left knee, quantity: 24 sessions:** 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.