

<b>Case Number:</b>	CM15-0191930		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 52-year-old female who sustained an industrial injury on 4/17/12. The mechanism of injury was not documented. Records indicated that conservative treatment had included viscosupplementation, activity modification, and home exercise program. The 3/21/13 left knee MRI impression documented diffuse degenerative tearing of the body and posterior horn of the medial meniscus, and high-grade partial tearing of the posterior root ligament of the medial meniscus. There was an extensive horizontal tear in the anterior horn and posterior body of the lateral meniscus, and an oblique tear in the posterior horn of the lateral meniscus. There was moderate to severe tricompartmental osteoarthritis with associated chondromalacia, joint effusion and diffuse synovitis. The 1/8/15 standing left knee x-rays showed joint space narrowing down to 0 mm. Comparison with previous x-rays showed that the lateral joint space on the left knee continued to collapse. The 4/22/15 treating physician report cited right knee pain greater than left and left knee locking. Physical exam documented left knee range of motion 0-90 degrees with valgus, and right knee range of motion 0-70 degrees with valgus. The treatment plan recommended Orthovisc injections for both knees and indicated that she would need bilateral total knee replacements. The 8/21/15 treating physician report indicated that the injured worker's knee locked up on 8/14/15 for 3 hours. She reported constant achy bilateral knee pain and stiffness with cracking and popping. Pain was 4-5/10 on the right and 2-10/10 on the left. Pain was worse with driving, sitting, prolonged walking, and going downstairs. Objective findings documented left knee flexion as 90 degrees with full extension lacking 15 degrees. The diagnosis was bilateral knee degenerative joint disease. Authorization was requested for a left total knee arthroplasty, assistant surgeon and pre-operative clearance. The 9/1/15 utilization review non-certified the request for left total knee arthroplasty and associated services as there was no recorded body mass index and no indication of night pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee replacement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 been met. This injured worker presents with significant and function-limiting left knee pain with locking. Pain is reported constant. Clinical exam findings are consistent with imaging evidence of severe tricompartmental osteoarthritis. Evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. There is no discussion of comorbidities or evidence in the records to suggest morbid obesity. Therefore, this request is medically necessary.

**Assistant surgeon:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27447, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**Pre-op clearance:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, plausible long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.