

<b>Case Number:</b>	CM15-0195857		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 63 year old female, who sustained an industrial injury on 7-8-14. The injured worker is diagnosed with left knee degenerative joint disease, painful left knee hardware and post left knee open reduction internal fixation. Her work status is modified duty; if the employer is unable to accommodate then temporary total disability. Notes dated 6-19-15 -9-11-15 reveals the injured worker presented with complaints of constant, moderate to severe left knee pain described as sharp and burning and is rated at 7 out of 10. The pain is increased with climbing, squatting, kneeling, bending, stooping and prolonged standing and walking and improved with medications. Physical examinations dated 6-19-15 -9-11-15 revealed left knee tenderness over the hardware and medial and lateral joint lines. There is positive varus valgus laxity and mild valgus instability from the fracture (approximately 5 degrees). There is swelling and an occasional pop with ranging the knee noted. Treatment to date has included surgical intervention; left open reduction and internal fixation, medications; injection provided temporary relief per note dated 5-22-15; functional capacity evaluation and physical therapy. The therapeutic response to physical therapy was not included. Diagnostic studies to date have included left knee MRI (8-14-15) and left knee x-ray. A request for authorization dated 9-18-15 for treatment left total knee replacement and associated services is denied, per Utilization Review letter dated 9-24-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left total knee replacement surgery: 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.

**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 significant cartilage deterioration noted on the MRI. The request is not medically necessary.

**Unknown post op 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Vascutherm unit: 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: 1 CPM: 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.

**Unknown post op physical therapy 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.