

<b>Case Number:</b>	CM15-0200397		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 61-year-old male farm worker who sustained an industrial injury on 12/1/14. Injury occurred when he was lifting a calf and felt pain over the left knee. Conservative treatment included physical therapy, corticosteroid injection, knee brace, medications, and activity modification. The 2/3/15 left knee MRI impression documented a complex tear of the medial meniscus with associated cartilage loss and osteoarthritis. There was cartilage thinning with areas of complete cartilage loss in the medial compartment. There was cartilage thinning in the patellofemoral compartment. Osteophyte formation was noted in the medial and patellofemoral compartments. The 2/18/15 weight bearing bilateral knee x-rays showed moderate left knee tricompartmental osteoarthritis, most pronounced in the medial compartment with small joint effusion. There were severe medial compartment and moderate lateral and patellofemoral compartment degenerative changes. The 2/18/15 orthopedic report cited gradually worsening knee pain and stiffness, more with prolonged standing and walking, since the date of injury. He had some improvement with medications, no improvement with physical therapy, and no significant improvement with bracing. Body mass index was 30.11. Left knee range of motion was 0-115 degrees with no effusion. There was moderate to severe pain over the medial joint line and slight pain over the lateral joint line. There was no patellofemoral crepitus with active extension of the knee. There was moderate tenderness with palpation of the retropatellar surface. There was no deformity, weakness, or atrophy. Initial x-rays showed slight osteoarthritis. Weight bearing x-rays today showed moderate narrowing of the medial joint space. The diagnosis was left knee osteoarthritis and torn medial meniscus. The treating physician opined that the main source of pain was the left knee osteoarthritis that was present

prior to the industrial injury but not painful. The MRI showed a torn medial meniscus but he doubted that fixing that would significantly help the pain. Knee arthroscopy with debridement was recommended and authorized. The injured worker cancelled the surgery in April due to lack of help at home. Records indicated that the orthopedic surgeon cancelled the surgery in June as arthroscopic surgery would not help him due to his advanced degenerative joint disease and recommended a total knee replacement. The 9/17/15 treating physician report cited complaints of continuous grade 3-5/10 knee pain increased with prolonged standing or walking, and improved with rest. He reported associated cracking, popping, and giving out of the knee. Physical exam documented minimally antalgic gait and normal lower extremity strength and sensation. Left knee exam documented limited and painful range of motion, no ligament laxity, medial joint line tenderness, positive McMurray's test, and painful squats. He had negative patellar apprehension, anterior and posterior drawer, Lachman, and varus/valgus stress tests. The orthopedic surgeon was seen on 9/16/15 and had recommended a left total knee replacement as he felt that meniscal surgery would not be helpful. The patient remained at modified work status. Authorization was requested for left total knee replacement. The 9/24/15 utilization review non-certified the request for a left total knee replacement as criteria had not been fully met relative to limited range of motion, nighttime joint pain, no pain relief with conservative treatment, no documentation of functional limitations demonstrating necessity of intervention, no varus or valgus deformity on standing x-rays, and no previous arthroscopy demonstrating advanced chondral erosion or exposed bone.

### **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: Overturned**

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

**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), night-time 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 standing x-ray findings of osteoarthritis. Guideline criteria have been met. This injured worker presents with constant left knee pain with cracking, popping and giving way. Functional limitation has precluded return to work full duty. Clinical exam findings are consistent with imaging evidence of a complex medial meniscus tear and standing x-ray evidence of tricompartmental osteoarthritis, worse in the medial compartment. Age is greater than 50 and body mass index is less than 40. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.