

<b>Case Number:</b>	CM15-0216375		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 58-year-old female who sustained an industrial injury on 4/23/04. Injury occurred when she was tripped by a co-worker while carrying two cups of coffee. Past medical history was positive for ovarian and breast cancer and radiation therapy. She underwent right knee arthroscopic partial medial meniscectomy and chondroplasty for grade IV chondromalacia of the medial femoral condyle and trochlea on 9/11/14. She slipped on a dog bone and twisted her right knee on 11/13/14. Conservative treatment had included left knee bracing, injections, physical therapy, and activity modification. Records documented height and weight consistent with a 44.3 body mass index on the 3/13/15 treating physician report. The 5/20/15 right knee MRI impression documented advanced osteoarthritis, most severe in the medial and patellofemoral compartments. There was a total loss of cartilage along the medial femoral condyle and medial tibial plateau, and progressive destruction of the body and anterior horn of the medial meniscus. There was progressive maceration and destruction of the anterior horn of the lateral meniscus, and mild degenerative changes within the lateral compartment. There was moderate chondromalacia patellae with full thickness loss of cartilage within the trochlear groove of the femur. There were chronic high-grade partial tears of the anterior cruciate ligament, which was lax, (progressive since 2013). There was mild reactive marrow edema within the medial femoral condyle, tibial plateau, and lateral femoral condyle. The 8/13/15 treating physician report cited right knee pain. The injured worker was walking with a more severe limp than the treating physician had seen before, but the injured worker indicated that this gets better and worse. Physical exam documented pronounced limp, significant right

knee swelling, and right knee range of motion 0-110 degrees. She had slight laxity with Lachman testing but no overt pivot shift and some obvious patellofemoral crepitus. The treatment plan recommended a right knee unloader brace and one hyaluronic acid injection. She was reported as too heavy for any biologic treatment options and would need total knee replacement. The left knee was aspirated of 15 cc benign appearing joint fluid and Kenalog was injected intra-articularly. Authorization was requested for right total knee arthroplasty and 3-day inpatient stay. The 10/8/15 utilization review non-certified the request for right total knee arthroplasty and associated inpatient stay as the injured worker had a body mass index of 44.3 with no clear discussion of attempts with weight loss, range of motion exceeded guideline criteria, and there was no discussion of the response to recent injection.

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

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

#### **Right total knee Arthroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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 not been fully met. This 58-year-old injured worker presents with right knee pain and functional difficulty in ambulation. There is imaging evidence of tricompartmental osteoarthritis, worse in the medial and patellofemoral compartments. Clinical exam findings documented body mass index of 44.3, and range of motion greater than 90 degrees. There is no detailed evidence of recent reasonable and/or comprehensive conservative treatment trial, including injections and bracing for the right knee, and failure. There is no discussion of weight loss attempts. Therefore, this request is not medically necessary at this time.

#### **Associated surgical services: Inpatient stay 3 day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hospital length of stay.

**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: Hospital length of stay (LOS).

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.