

<b>Case Number:</b>	CM15-0221849		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 50-year-old female who sustained an industrial injury on 5/6/10. Injury occurred when she stepped on a ladder and felt a pop in her knee. Conservative treatment included activity modification, pain medication, and Synvisc injection. The 7/10/15 right knee MRI impression documented degenerative fraying of the anterior horn of the lateral meniscus without visualization of a tear. The medial meniscus was preserved. There was a slight irregular appearance of the anterior proximal patellar tendon which represented tendinosis or a low-grade chronic partial tear. There were no other ligamentous or tendinous abnormalities seen. There was mild chondromalacia in the weight bearing medial tibiofemoral compartment. The 10/14/15 treating physician report cited constant moderate left knee pain radiating to the back and left leg. Associated symptoms included joint instability, sleep difficulty, night-time pain, popping, swelling, and weakness. Pain was aggravated by sitting, walking, and standing. Pain was improved with medication, elevation, massage, rest, and stretching. Difficulty was reported in standing for any length of time or walking more than 50 feet due to pain. She walked with a limp. Physical exam documented mild left knee swelling and effusion with bilateral medial joint line and popliteal fossa tenderness. Left knee active range of motion was 5 to 100 degrees with mild crepitus and pain. Height was 5'5" and weight was 204 pounds. The diagnosis includes left knee osteoarthritis. The injured worker was awaiting orthopedic surgery consult and definitive treatment. Authorization was requested on 10/22/15 for outpatient right total knee replacement surgery. The 11/4/15 utilization review non-certified the request for total knee replacement as current imaging did not evidence severe osteoarthritis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Outpatient Total Knee Replacement Surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**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 anti-inflammatory 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 not been met. This 50 year old injured worker presents with constant moderate left knee pain associated with popping, swelling and weakness. She had pain at night. Functional difficulty was documented in walking and standing. Calculated body mass index was less than 34. There was limited range of motion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no documented standing x-rays demonstrating significant osteoarthrosis. There is imaging evidence of mild chondromalacia in the weight bearing medial tibiofemoral compartment. Therefore, this request is not medically necessary.