

<b>Case Number:</b>	CM15-0036875		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Minnesota, Florida  
 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 38 year old obese male, who sustained an industrial injury on 12/22/2011. The mechanism of injury was not provided for review. Diagnoses include tricompartmental arthritis degenerative joint disease status post anterior cruciate ligament reconstruction and meniscectomy with ongoing chronic laxity of the right knee. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 2/9/2015 indicates discussion of a total knee arthroplasty. On 2/20/2015, Utilization Review non-certified the request for right knee hardware removal and total knee arthroplasty, physical therapy 2-3 times per week for 4 weeks and 2 day inpatient stay, citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee hardware and TKA (total knee arthroplasty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/knee.htm>) hardware removal and regarding knee joint replacement and Indications for Surgery - Knee arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topics: Total Knee arthroplasty, Hardware removal.

**Decision rationale:** ODG indications for a total knee arthroplasty include at least 2 of the 3 compartments involved by osteoarthritis, conservative care including exercise therapy (supervised physical therapy and/or home rehabilitation exercises), and medications (NSAIDs or Viscosupplementation injections or steroid injections). Plus subjective clinical findings of limited range of motion less than 90 and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 years and body mass index of less than 40 where increased BMI poses elevated risks for postoperative complications plus imaging clinical findings of osteoarthritis on standing x-ray documenting significant loss of chondral clear space in at least one of the 3 compartments with varus or valgus deformity or previous arthroscopy documenting advanced chondral erosion or exposed bone especially if bipolar chondral defects are noted. The available documentation does not include evidence of conservative care with exercise therapy as required by guidelines. There is no documentation of injections, there is no documentation of flexion being less than 90 and nighttime joint pain. The injured worker is only 38 years old and does not meet the age requirement, his body mass index is very high based upon height of 5 feet 7 inches and weight 250 pounds. Imaging clinical findings of severe osteoarthritis on standing x-rays are not available. Radiology reports pertaining to standing x-rays or MRI scan have not been provided. The utilization review documentation indicates that arthritis was reported to be mild with associated valgus deformity. The provider is documenting bone-on-bone in the patellofemoral joint but not in the tibiofemoral joint. In light of the above, the guidelines criteria for a total knee arthroplasty have not been met and the medical necessity of the requested procedure has not been substantiated. ODG guidelines do not recommend routine removal of hardware. However, removal of the screw will clearly be medically necessary at the time of the total knee arthroplasty.

**Associated surgical services: Physical therapy 2-3 times per week for 4 weeks:** 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 Services: 2 day inpatient stay:** 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.