

<b>Case Number:</b>	CM15-0082557		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 30-year-old female, who sustained an industrial injury on 2/3/14. The injured worker was diagnosed as having degenerative joint disease of right knee. Treatment to date has included lateral release and osteophyte excision of right knee, physical therapy, oral medications including Norco and Celebrex and weight loss. (MRI) magnetic resonance imaging of right knee was performed on 6/30/14. Currently, the injured worker complains of continued right and left knee pain. The injured worker is utilizing 3-4 Norco per day for pain management. Physical therapy note dated 1/5/15 noted pain was aggravated by walking up stairs and symptoms were eased by sitting, the pain was noted to be 6/10; 7 sessions of physical therapy had been completed at that time. The treatment plan included a recommendation for patellofemoral knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Patellofemoral Right Knee Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://odg-twc.com/odgtwc/knee.htm>).

**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 unicompartmental knee replacement. According to the ODG Knee and Leg section, unicompartmental knee replacement is an option if one compartment is involved. Guideline criteria for knee arthroplasty includes conservative care consisting of supervised therapy or home exercise program and medications, plus documentation of limited range of motion. In addition, complaints of night joint pain, no pain relief with conservative care and documentation of current functional limitations when the patient is over 50 years of age with a body mass index of less than 35. In addition, there must be documentation of significant loss of chondral clear space in at least 1 of 3 compartments. In this case, the cited exam notes from 3/18/14 list the injured worker as a 30-year-old woman with a BMI of 41. Based on these demographic data, the guidelines are not met and therefore the request is not medically necessary.

**Inpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Since the requested procedure is not medically necessary, the associated services are not medically necessary.