

<b>Case Number:</b>	CM15-0084599		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 71-year-old female who sustained an industrial injury on April 11, 2012. Previous treatment includes MRI of the left knee and non-steroid anti-inflammatory medications. Currently the injured worker complains of pain in the left knee. On examination, she reports crepitation throughout range of motion with a 2+ effusions and negative ligamentous examination. The injured worker ambulates with an antalgic gait. Diagnoses associated with the request include end-stage arthritis in the lateral compartment of the left knee. The treatment plan includes surgical intervention with left total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee replacement arthroplasty:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

**Decision rationale:** The injured worker is a 71 year old female with a date of injury of April 11, 2012. The primary treating physician's follow-up consultation dated April 9, 2015 indicates that the utilization review denial of the left total knee arthroplasty was based on absence of documentation of severe arthritis on x-rays and documentation of conservative care such as corticosteroid injections. The treating physician reports a history of prior knee surgery with moderate to severe degenerative changes in the lateral compartment and mild degenerative changes in the patellofemoral compartment at that time. There was also a longitudinal horizontal tear involving the body of the medial meniscus documented. There was significant end-stage arthritis in the lateral compartment. Since that time her symptoms have progressively gotten worse. On examination she was noted to have valgus alignment of the left knee with crepitation throughout the range of motion with a 2+ effusions and negative ligamentous exam. She ambulated with an antalgic gait. The diagnosis was end-stage osteoarthritis, left knee. The injured worker declined injections as they had not helped in the past and had made the pain worse. However, she was taking nonsteroidal anti-inflammatory drugs. Additional records include a prior agreed medical examination of June 4, 2014. Examination of the knees at that time revealed full range of motion with pain at the extremes of motion. There was no evidence of swelling or deformity. In particular, the examiner did not notice the valgus deformity of the left knee indicating thereby that it is new since a year ago and represents worsening of the lateral compartment osteoarthritis. No tenderness to palpation was documented. There was no instability. The examiner noted in his report that the injured worker was unable to recall the shoulder surgery of 2013 but thought that only manipulation under anesthesia was performed. She also stated that the right shoulder procedure did not help. The examiner opined that either there was a terrible miscommunication between the patient and the Dr. or the patient was compromised in her cognitive abilities. Therefore, in his opinion no further surgery should be performed as it would not likely provide her with any help. She should have occasional therapy for flare-ups. ODG criteria for a total knee arthroplasty include 2 of the 3 compartments are affected, conservative care with exercise therapy and medications or Viscosupplementation or corticosteroid injections plus subjective clinical findings of limited range of motion (less than 90 degrees of flexion) and nighttime joint pain and no pain relief with conservative care plus objective clinical findings of age over 50 and body mass index less than 40, 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 an indication with additional strength, or previous arthroscopy documenting advanced chondral erosion or exposed bone. In this case, the injured worker likely needs the total knee arthroplasty but the request is incomplete with regard to the guideline necessitated documentation. In particular, exercise therapy such as supervised physical therapy and/or home rehabilitation exercises for the knee are not documented. The injured worker does not wish to have injections which are perfectly fine as she has been treated with NSAIDs. Range of motion of the knee was documented a year ago as full range of motion but the recent range of motion has not been documented. The body mass index has not been submitted. Radiology reports, particularly the recent weight bearing films, have not been provided. In the absence of this guideline necessitated documentation, the medical necessity of the request for a total knee arthroplasty is not medically necessary.

**Assistant surgeon:** 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 ODG: Section: Knee, Topic: Knee joint replacement.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op history and physical:** 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 ODG: Section: Knee, Topic: Knee joint replacement.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post- op home physical therapy 2-3x 4-6 weeks for left knee:** 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 ODG: Section: Knee, Topic: Knee joint replacement.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Physical therapy right shoulder 2x4 weeks for the left knee:** 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 ODG: Section: Knee, Topic: Knee joint replacement.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.