

<b>Case Number:</b>	CM15-0086795		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 78 year old male, who sustained an industrial injury on 1/13/2012. Diagnoses include osteoarthritis, symptomatic. Treatment to date has included diagnostics, surgical intervention, medications, cortisone injections, viscosupplementation injections and bracing. Per the Primary Treating Physician's Progress Report dated 3/30/2015, the injured worker reported right knee pain. Physical examination revealed a slight effusion of the right knee. Range of motion was described as just a little short upon extension and flexion was to 120 degrees. The plan of care included a right total knee arthroplasty, medical clearance, assistant surgeon, pre-operative MRI, and physical therapy. The request was non-certified by utilization review citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement is subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 12 visits, which is appropriate and medically necessary.

**Medical clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Low Back, Preoperative Testing, General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general, Office visits.

**Decision rationale:** ODG guidelines recommend a preoperative history and physical to assess the comorbidities. Documentation indicates a history of asthma and diabetes. As such, in the presence of significant comorbidities, a medical consultation is supported, and the medical necessity of preoperative medical clearance is established.

**Assistant surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Low Back, Surgical Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons.

**Decision rationale:** The American College of Surgeons Statement of Principles indicates that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis and serve other technical functions. The procedure for which an assistant surgeon is requested, is appropriate and supported by guidelines. As such, the medical necessity is established.

**Pre-op MRI knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MRIs.

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

**Decision rationale:** ODG indications for imaging, particularly repeat MRI scans include a need to assess knee cartilage repair tissue. In this case, the last MRI scan showed status post medial and lateral meniscectomies and evidence of degenerative changes. A total knee arthroplasty has been authorized. As such, a repeat MRI is not medically necessary.

**Right total knee arthroplasty:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Arthroplasty, Knee Joint Replacement.

**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 78-year-old male with a history of industrial injury to the right knee on 1/13/2012. He underwent arthroscopy of the right knee with major synovectomy, resection of medial synovial plica, and medial and lateral meniscectomies on April 11, 2012. The documentation indicates that the surgery did not help. A subsequent MRI of the right knee revealed tricompartmental arthritis status post complete lateral meniscectomy and near complete medial meniscectomy. However, the degree of degenerative change was not severe. An MRI arthrogram of the right knee was performed on 5/30/2013, and revealed normal distension of the joint space post arthrogram. There was full-thickness fissuring of the lateral tibial plateau with interval development of subchondral cysts. There was partial thickness fissuring of the medial tibial plateau and medial femoral condyle. A recent office visit of March 30, 2015 is noted. The injured worker was complaining of right knee pain. In the past, he had utilized cortisone shots, Viscosupplementation, unloader brace, and physical therapy. He continued to have pain, swelling, and disability. He felt unstable. His knee was giving out. He was 78 years old. Examination of the knee revealed a slight effusion. He was walking with a limp using a cane. He was able to fully extend the joint and flex to 120 . His height was 66 inches and weight 214 pounds. X-rays of the knee revealed small patellofemoral spurs, small lateral spurs, 50% lateral joint space narrowing and calcification of the medial meniscus. The provider opined that the next step was a knee replacement and the injured worker was anxious to proceed. 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 steroid injections , subjective clinical findings of limited range of motion less than 90 and nighttime joint pain, objective clinical findings of age over 50 and BMI less than 40, and 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, extensive exercise therapy, physical therapy, corticosteroid injections, and Viscosupplementation have been documented. There is a history of nighttime joint pain. Imaging clinical findings of two compartment involvement with significant loss of joint space of the lateral compartment and associated patellofemoral arthritis have been documented. 50% narrowing of the lateral compartment with osteophyte formation and subchondral cyst formation is reported. As such, the ODG criteria for total knee arthroplasty have been met and the medical necessity of the request has been substantiated.