

<b>Case Number:</b>	CM15-0231829		
<b>Date Assigned:</b>	12/02/2015	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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 57 year old female with an industrial injury dated 09-11-2007. A review of the medical records indicates that the injured worker is undergoing treatment for right knee arthritis and lumbar radiculopathy. According to the progress note dated 10-06-2015, the injured worker reported unchanged right knee pain status post right knee arthroscopy. Pain level was 5 out of 10 on a visual analog scale (VAS). Objective findings (10-06-2015) revealed tenderness to palpitation over the medial and lateral joint line of the right knee and diminished sensation over bilateral L5 dermatomes. Treatment has included Magnetic Resonance Imaging (MRI) of the right knee on 04-16-2015, right knee arthroscopy on 06-11-2015, prescribed medications, physical therapy and periodic follow up visits. The treatment plan included a medial unloader brace and right total knee replacement. The utilization review dated 11-04-2015, non-certified the request for right total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Knee and Leg regarding 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 57 year old female with date of injury of 9/11/2007. Per progress notes of 10/6/2015 the injured worker was status post arthroscopy of the right knee. The pain level was 5/10 similar to the preoperative pain level. The documentation indicates that the pain level has been 5/10 since it started in 2005. No other subjective complaints pertaining to the knee are documented. On examination range of motion of the right knee was 0/130, similar to the range of motion in the left knee. Strength in the knee extensors was 5/5 bilaterally. Hamstring strength is not documented. A detailed knee examination was not documented. The assessment was right knee arthritis and lumbar radiculopathy. The provider recommended a medial unloader brace for the right knee as well as a total knee replacement. A prior note of 5/5/2015 indicates an initial examination for right knee pain and low back pain. The pain level in the right knee was 5/10. Range of motion was the same. There was tenderness to palpation over the medial and lateral joint line. Right knee MRI was said to show a meniscal tear. The arthritis was not mentioned. The provider requested a right knee arthroscopy. The operative report has not been submitted. However, we do have the MRI report dated April 16, 2015 which showed thinned cartilage of the medial femoral condyle and medial tibial plateau causing medial compartment joint space narrowing, peripheral extrusion of the medial meniscus with increased signal in the anterior horn, body and posterior horn which likely reflects tear, increased signal in the medial collateral ligament which may reflect sprain, osteochondral defects in the medial femoral condyle and medial tibial plateau, degenerative marginal osteophytes at the medial femoral condyle and medial tibial plateau articular surfaces, degenerative marginal osteophytes at the anterior aspects of the patellar upper pole and patellar lower pole, degenerative marginal osteophytes at the anterior lateral femoral articular surface of the patellofemoral joint, anterior cruciate ligament appears thinned with some visualized intact fibers, bone marrow regeneration in the visualized distal femur and proximal tibia, and knee joint effusion. ODG guidelines do not recommend arthroscopy in the presence of osteoarthritis. The injured worker continues to complain of pain with similar findings on examination. A total knee arthroplasty is now recommended. ODG guidelines indicate a total knee joint replacement if 2 of the 3 compartments are affected. The guidelines necessitate evidence of conservative care with supervised physical therapy and/or rehabilitation exercises and medications or Visco-supplementation or corticosteroid injections plus subjective clinical findings of limited range of motion less than 90 for total knee replacement 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 and body mass index of 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 erosions or exposed bone especially if bipolar chondral defects are noted. In this case, the documentation indicates that the provider requested an unloading brace; however, the results are not known. Physical therapy notes have not been provided. The operative report or a radiology report pertaining to standing x-rays documenting advanced osteoarthritis in at least one compartment with involvement of 2 compartments have not been submitted. The range of motion is greater than 90 and equal in both knees. BMI is not known. Nighttime joint pain is not documented. Lack of relief with corticosteroid injections is not documented. Other than 5/10

pain, the notes do not document the current functional limitations. In light of the foregoing, the ODG criteria for a total knee arthroplasty have not been met. As such, the request for a total knee replacement is not supported and the medical necessity of the request has not been substantiated.