

<b>Case Number:</b>	CM14-0007344		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	09/21/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant, a 68-year-old female, sustained an injury to her bilateral knees in a work related accident on 09/21/09. The report of a follow up visit on October 8, 2013 documented the diagnosis of tricompartmental degenerative arthritis. The recommendation specific to the left knee was for total joint arthroplasty based on failed conservative care. The prior assessment dated September 10, 2013, noted pain in the left knee and low back. Examination of the left knee showed 0 to 120 degrees range of motion, no ligamentous instability, and pain along the medial joint line to the patella. The report of plain film radiographs showed adverse deformity with marked joint space narrowing in the anteromedial portion of the medial aspect of the knee. Working assessment was bilateral posttraumatic degenerative arthritis. Total joint arthroplasty was recommended. There was no specific documentation of what failed conservative care was provided to the claimant and the claimant's body mass index was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TOTAL KNEE REPLACEMENT:** 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), 18th Edition, 2013 Updates: Knee Procedure - Knee Joint Replacement

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address the topic of total joint arthroplasty. Based on the Official Disability Guidelines, the request for left total knee replacement cannot be supported. While this individual is noted to have degenerative arthritis on a radiological assessment, there is currently no indication of specific conservative care that has been utilized, particularly, recent physical therapy or injections including corticosteroid or viscosupplementation. Furthermore there is no current indication of a body mass index. In absence of recent conservative measures or indication of a body mass index under 35, the acute need of surgical process cannot be established.