

<b>Case Number:</b>	CM14-0114986		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/11/2000
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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, and is licensed to practice in Mississippi. 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 records presented for review indicate that this 61 year-old female was reportedly injured on 12/11/2000. The most recent progress note, dated 6/23/2014, indicates that there were ongoing complaints of low back pain, and bilateral knee pain. The physical examination demonstrated lumbar spine: positive straight leg raise on the right, positive tenderness to palpation lower back. Diagnostic imaging studies include radiographs of bilateral knees which revealed bilateral knee arthritis. Official radiological report is unavailable for review. Previous treatment includes medications and conservative treatment. A request had been made for decision for right total knee replacement, and was not certified in the pre-authorization process on 7/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery - right knee total replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Acute and Chronic, Knee Replacement

**Decision rationale:** ODG guidelines recommend total knee arthroplasty for candidates who meet the following criteria. Failure of conservative treatment to include physical therapy, medications, and injections. Subjective clinical findings such as limited range of motion, nighttime joint pain, and no relief of pain with conservative care as stated above. Documentation of current functional limitations. 50 years of age with body mass index less than 40. Standing radiographs documenting significant loss of joint space in at least one of the three compartments with a varus or valgus deformity. After review the medical records provided, there is insufficient documentation of failure of conservative treatment to justify the authorization of the surgical procedure. Therefore, this request is deemed not medically necessary.