

<b>Case Number:</b>	CM14-0122627		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/23/1986
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 59-year-old male with an injury date on 11/23/1986. Based on the 07/08/2014 progress report provided by [REDACTED], the diagnoses are 1. Left Knee tricompartmental osteoarthritis in a 59-year-old male. According to this report, the patient presents for a re-evaluation of the left knee pain and review of MRI report. MRI of the left knee on 07/01/2014 reveals an extensive degeneration and tearing medial meniscus left knee; chronic complete tear anterior cruciate ligament left knee with myxoid degeneration of an intact posterior cruciate ligament; marked chondral thinning and marginal osteophyte formation; and moderate knee effusion. The patient had #3 injections of Euflexxa to the left knee on 02/04/2014. Physical exam findings of the left knee were not included in the file for review. The utilization review denied the request on 07/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/04/2014 to 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Total Knee Arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the 07/08/2014 report by [REDACTED], this patient presents with left knee pain. The treater is requesting Left Total Knee Arthroplasty. The UR denial letter states "While the surgery might be indicated, but without an examination for review, there is not sufficient documentation or rational for Left Knee Total Knee Arthroplasty. " Regarding Knee Joint Replacement, ODG guidelines states "Recommended" when ALL of the following criteria are met. Subjective Clinical Findings: Limited range of motion (<90 for TKR), nighttime joint pain, no pain relief with conservative care, and documentation of current functional limitations demonstrating necessity of intervention. Age must be greater than 50, with BMI less than 40. For imaging, osteoarthritis must be documented on standing X-ray or on prior Arthroscopic findings. Review of reports show that the patient had "tricompartamental osteoarthritis." No other documentations are provided such as subjective/ objective clinical finding, current functional limitations demonstrating necessity of intervention. No mentions of nighttime joint pain and pain relief with conservative care are mentioned. Therefore, the requested Left Knee Arthroplasty is not in accordance with the guidelines. Recommendation is for denial.