

<b>Case Number:</b>	CM14-0125021		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 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 63 year old male who sustained an industrial injury on 5/10/2010. He underwent right shoulder RCR on 3/27/2014. The patient completed about 19 sessions of PT from April to July 2014 for bilateral knees, bilateral shoulders, and neck pain. According to the 6/16/2014 orthopedic supplement report, the patient notes steady improvment of pain, discomfort and ROM in the postop right shoulder. Regarding the neck, he has significant discomfort and limitation of Rom and also has peristent pain, discomfort and grinding of his left knee. Physical examination of the lower extremities reveal right knee examination shoses notable swelling and crepitus, small effusion, thickening of the capsule, ablet to flex 0-130 degrees and motor and sensory intact. Diagnoses are s/p right shoulder rotator cuff repair, cervical spine multidisk herniation, and right knee medial compartment degenerative osteoarthritis. Treatment plan includes request for authorization for right knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Unicompartmental Arthroplasty with Right Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines total knee arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, KNEE JOINT REPLACEMENT.

**Decision rationale:** According to the Official Disability Guidelines, Unicompartmental knee replacement is recommended as an option. Unicompartmental knee replacement is effective among patients with knee OA restricted to a single compartment. However the medical records fail to establish this patient is a candidate for knee arthroplasty. The medical records do not establish that all of the above listed indications for surgery, as outlined in the Official Disability Guidelines, have been met. There is lack of imaging on standing x-ray documenting significant OA, failure of conservative care is not evident, nor do the medical records establish significant subjective clinical findings with functional limitations exist and warrant surgical intervention of this nature. As such, the request is not medically necessary.