

<b>Case Number:</b>	CM14-0147207		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Orthopaedic 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:

This 58-year-old female bus driver sustained an industrial injury on 2/26/11. Injury occurred when there was an explosion on the bus she was driving. Injuries were reported to the right knee and shoulder. The patient was status post right knee arthroscopy on 9/12/11 and right rotator cuff repair on 11/14/13. The 8/15/12 right knee MRI impression documented advanced tricompartmental osteoarthritis which was mostly affecting the lateral and anterior compartments, and to a lesser extent, the medial compartment. There was an interval progression of myxoid degeneration versus partial tear of the anterior cruciate ligament. There were multiple loss bodies and a chronic degenerative macerated tear of the lateral meniscus, body and anterior horn. The 7/1/14 treating physician report indicated the patient had completed 4/5 Hyalgan injections to the right knee. Physical exam documented lateral knee tenderness with weakness to resisted function. Range of motion was 0-120 degrees. The diagnoses included chronic right knee pain due to lateral meniscus tear and advanced degenerative tricompartmental osteoarthritis. There was a progression of disease on standing x-rays with complete bone-on-bone on the lateral joint line. The patient was a candidate for knee hemiarthroplasty and knee replacement. The patient asked to return to work and release to full duty was planned. The 7/31/14 treating physician report indicated that the patient had completed 5 Hyalgan injections which were very helpful. The treatment plan indicated that surgery was canceled based on her time constraints and the need to return to work. The 8/11/14 utilization review denied the request for right knee hemiarthroplasty on the basis that there was no documentation of imaging findings consistent with unicompartmental osteoarthritis, specific on-going subjective complaints, objective exam findings, or detailed history of conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee hemiarthroplasty and knee replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) and Indications for Surgery - 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 and Leg, Knee joint replacement

**Decision rationale:** The California MTUS guidelines do not make recommendations for knee hemiarthroplasty or replacement. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (less than 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have not been met for a hemiarthroplasty. X-ray findings documented advanced tricompartmental osteoarthritis, worse in the lateral and anterior compartments. There was no significant limitation in right knee range of motion. There was no indication that conservative treatment had failed or documentation of specific functional limitations. The patient had undergone recent viscosupplementation with benefit, and she was scheduled to return to work full duty. Subsequent records indicate that surgery had been cancelled. Therefore, this request is not medically necessary.