

<b>Case Number:</b>	CM14-0152614		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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:

This 67-year-old male sustained an industrial injury on 11/30/00. Injury occurred when he slipped on stairs and his right leg went down two stairs and his left leg remained at the top of the stairs. Injuries were reported to the neck, back, and upper and lower extremities. Past surgical history was positive for right knee surgery in 1998, right knee arthroscopic debridement and chondroplasty on 4/10/03, right carpal tunnel release on 6/21/11, and bilateral shoulder surgery, including a left reverse shoulder arthroplasty on 1/6/14. Past medical history was positive for diabetes and hypertension. The 6/6/08 right knee MRI impression documented a tear of the anterior cruciate ligament and findings suggestive of a tear in the posterior horn of the medial meniscus. There was some mild degree of fluid in the sub-patellar bursa. There was some slight to mild degree of patellar chondromalacia. The 7/24/14 orthopedic AME report documented constant right knee pain with periodic giving way. Symptoms radiated into the calf and foot with numbness. Symptoms were increased by prolonged weight bearing activities, walking or standing on uneven terrains, bending, stooping, squatting, twisting/turning, changing positions and cold weather. Medications and position change helped some. Right knee physical exam documented arthroscopic scars, range of motion 0-120 degrees, and positive apprehension sign. There was no instability or patellar grinding. Tenderness was noted over the medial and lateral joint lines, anserine area, and articular surface of the patella. There was normal lower extremity strength. Right knee x-rays revealed narrowing of the medial joint space. There was a 2 mm joint interval on the medial side on full weight bearing. There was calcification of the articular cartilage and appeared to be evidence of osteochondromatosis of pseudogout. There was a lateral bias of the patella, worse on the right than the left. Additional surgery was not recommended. The orthopedic progress reports from 6/3/14 and 7/17/14 did not document a knee exam. The 8/21/14 orthopedic progress report cited global ungraded neck, back, shoulder, hand/wrist, hip,

and knee pain. Physical exam findings were limited to the right upper extremity. The treatment plan requested right total knee replacement, 12 visits of physical therapy for the bilateral shoulders and wrists, one year gym membership, transportation, follow-up with pain management and urology, and orthopedic follow-up with 3 different physicians for the low back, knees, shoulder, and wrists. The 9/10/14 utilization review denied the request for right total knee replacement as there were no exam results, imaging studies, or details of conservative treatment to support the medical necessity of this request consistent with guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right Knee Total Knee Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 provide recommendations for total knee 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 (< 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. There is no current imaging evidence of significant osteoarthritis in 2 or more compartments. Body mass index is not available in the records. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial directed to the right knee within the past 2 to 3 years and failure has not been submitted. Therefore, this request is not medically necessary.