

<b>Case Number:</b>	CM14-0166392		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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:

53-year-old female claimant with a reported industrial injury left knee on June 30, 2010. Report states that the injured has had persistent left knee pain. MRI left knee dated August 23, 2010 reveals extensive complex displaced tear of the body and posterior horn of the medial meniscus. Diffuse chondromalacia was noted. Operative report from 9/28/2010 demonstrates the injured worker was status post a partial medial meniscectomy with chondroplasty lateral femoral condyle and patella. Physical therapy note from December 16, 2010 demonstrates the injured worker completed 14 postoperative therapy visits to date. Exam note April 6, 2011 demonstrates injured worker complains of numbness in the left leg. There is report of a catching sensation in the left knee. Exam note February 12, 2012 demonstrates the injured worker is undergone a full course of physical therapy without significant benefit. Exam note July 10, 2012 demonstrates the injured worker has continued left knee pain. The injured worker is status post 3 Synvisc injections without significant improvement. Examination August 26, 2014 demonstrates continued left knee pain. A mild varus deformity is noted of both knees. Radiographic examination of bilateral knees demonstrates significant bone-on-bone arthritis at the medial compartment. Recommendation was made for total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Total 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 and Leg Chapter: Knee Joint Replacement

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines, regarding Knee arthroplasty; Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this injured worker. There is no documentation from the exam notes from 8/26/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. Therefore the guideline criteria have not been met and the request for Left Total Knee Replacement is not medically necessary.