

<b>Case Number:</b>	CM14-0182034		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 New York. 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 has chronic left knee pain. The patient has an MRI of the left knee that shows degenerative changes. The medical records do not document to extend the patient has had conservative therapy for the treatment of chronic left knee pain. The medical records do not document physical examination of the left knee. At issue is whether total knee replacement is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Total Knee Replacement with [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery- Knee arthroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter.

**Decision rationale:** This patient does not meet established criteria for left total knee replacement. Specifically the medical records do not document an adequate trial and failure of conservative measures to include physical therapy. In addition there is no documentation of

significant limitation of range of motion. The medical records do not demonstrate any evidence of physical examination findings that would warrant total knee replacement. Total knee replacement is not medically necessary at this time.