

<b>Case Number:</b>	CM14-0202084		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/05/2000
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Minnesota. 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 injured worker is a 68-year-old male with a date of injury of 12/5/2000. The mechanism of injury is not reported. Per progress report dated October 8, 2012 he was complaining of a painful right total knee arthroplasty. He was also complaining of left knee pain. Gait was somewhat antalgic. He had pain on the medial aspect of the right knee. On examination right knee function was quite good and range of motion was from 0 to beyond 90. His left knee was in a little bit of varus. Pain was on the medial aspect. Prior x-rays had revealed osteoarthritis. A progress note from April 7, 2014 documents back pain and bilateral knee pain. A detailed examination is not included. He was continuing to take medication. Follow-up was advised in 6 months. A request for authorization for a total knee arthroplasty is dated 10/16/2014. The progress notes of the same day indicate that he failed conservative treatment with rest, ice, anti-inflammatory medications and injections. The injured worker was last seen 6 months before and so no recent comprehensive conservative treatment program consisting of physical therapy, exercises, viscosupplementation, or corticosteroid injections is documented. The request for a total knee arthroplasty was noncertified by utilization review citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total left knee arthroplasty:** 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), Treatment Index, 12th Edition (web), 2014, Knee and Leg, 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) Section: Knee, Topic: Total knee replacement.

**Decision rationale:** California MTUS does not address this issue. ODG guidelines are therefore used. ODG criteria for a total knee arthroplasty include a recent comprehensive conservative care program including exercise therapy (supervised physical therapy and/or home rehabilitation exercises) and medications, NSAIDs or Visco supplementation injections or steroid injections plus subjective clinical findings of limited range of motion less than 90 and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings plus imaging clinical findings of osteoarthritis in 2 of the 3 compartments. The documentation provided indicates the patient was last seen 6 months before and there has not been a recent comprehensive conservative treatment program documented. There is no documentation of night pain and lack of relief despite conservative treatment. There is no documentation of recent corticosteroid or Viscosupplementation injections. As such, the guidelines criteria have not been met and therefore, the request for a total knee arthroplasty is not supported by guidelines. The request is not medically necessary.

**3 Day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.