

<b>Case Number:</b>	CM14-0212083		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	05/10/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 year old female claimant with an industrial injury dated 05/19/14. Exam note 10/01/14 states the patient returns with left knee pain. The patient explains that the pain is affecting their sleep and prohibiting them from completing daily activities. Upon physical exam the patient demonstrated an antalgic gait. The patient revealed no pain with forced internal or external rotation of the left hip. Flexion was noted as 110', and the patient lacked 5' for a full extension of the left knee. There was evidence of tenderness surrounding the medial joint line, and the patient denied any tenderness surrounding the lateral joint line. Deep tendon reflexes were noted as 2+ at the knee and ankles bilaterally. Diganosis is noted as degenerative joint disease of the left knee. Treatment includes a total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT MEDIAL UNICOMPARTMENTAL KNEE ARTHROPLASTY VS LEFT TOTAL KNEE ARTHROPLASTY WITH COMPUTER ASSISTED SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidleines Knee Complaints Official Disability Guidelines Knee & Leg

**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, 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 patient. There is no documentation from the exam notes from 10/1/14 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. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is for non-certification.