

<b>Case Number:</b>	CM14-0212466		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/06/2001
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/24/2014
<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:

According to the records made available for review, this is a 60-year-old female with a 3/6/01 date of injury. At the time (11/24/14) of the Decision for right total knee replacement, there is documentation of subjective (right knee pain with stiffness) and objective (BMI of 32.8, antalgic gait, tenderness over right knee with decreased range of motion, and positive McMurray's test) findings, current diagnoses (unspecified internal derangement of knee, stiffness of joint, and left knee medial/lateral meniscus tear), and treatment to date (Hyalgan injections and medications). There is no documentation of at least 2 of the 3 compartments affected, additional subjective findings (night time joint pain), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and additional conservative treatment (physical modality).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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 & Leg Knee Joint Replacement, Indications for surgery Knee Arthroplasty

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

**Decision rationale:** MTUS does not address the issue. ODG necessitate documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and night time joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either Viscosupplementation injections or steroid injection), as criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical information available for review, there is documentation of diagnoses of unspecified internal derangement of knee, stiffness of joint, and tear medial cartilage/meniscus knee. In addition, there is documentation of subjective findings (limited range of motion), objective findings (over 50 years of age and Body Mass Index of less than 35), and conservative treatment (medications and viscosupplementation injection). However, there is no documentation of at least 2 of the 3 compartments affected, additional subjective findings (night time joint pain), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and additional conservative treatment (physical modality). Therefore, based on guidelines and a review of the evidence, the request for right total knee replacement is not medically necessary.