

<b>Case Number:</b>	CM14-0213208		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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, Sports Medicine

### 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 48-year-old male who reported an injury on 07/28/2009. The mechanism of injury was not included. His diagnoses included status post right knee arthroscopy, moderately severe degenerative joint disease right knee. His past treatments included Orthovisc injections in 07/2014. His diagnostic studies included x-ray of the right knee on 10/28/2013 that indicated moderately severe degenerative joint disease with a 1 mm joint space of the lateral compartment and patellofemoral joint. His surgical history included a right knee arthroscopy. The progress report dated 09/18/2014 documents the injured worker has persistent right knee pain, occasionally severe. He has swelling and catching. His physical exam findings included no effusion to the right knee, medial and lateral joint line tenderness. Range of motion is 0 degrees to 125 degrees with pain at the extremes of motion. His medications included ibuprofen 800 mg. The treatment plan indicated he will eventually require total knee arthroplasty; however, he is only 48 years old, he weighs 250 pounds, and has a calculated BMI of 40.3. The injured worker was encouraged and strongly recommended significant weight loss prior to undergoing the total knee arthroplasty. The rationale for the request was persistent pain in the right knee. The Request for Authorization form was not included in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Knee Arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee joint replacement.

**Decision rationale:** The request for total knee arthroplasty is not medically necessary. The California MTUS and California MTUS and ACOEM state that surgical consultation is indicated in injured workers who have activity limitation for more than one month with failure to respond to conservative treatment. The Official Disability Guidelines state indications for knee arthroplasty include: exercise therapy including supervised physical therapy and/or home rehab exercises, and medications; plus limited range of motion less than 90 degrees for a total knee replacement, and nighttime joint pain, and no pain relief with conservative care, and documentation of current functional limitations demonstrating necessity of intervention; over 50 years of age and body mass index of less than 40; osteoarthritis on standing x-ray documenting a significant loss of chondral clear space in at least 1 of the 3 compartments, with varus or valgus deformity and indication with additional strength; or previous arthroscopy documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted. There is a lack of documentation of conservative care that includes supervised physical therapy and/or home rehab exercise. The documentation indicates the range of motion to the right knee is 0 degrees to 125 degrees. While the injured worker's date of birth is not documented in the medical record, there is notation of the injured worker's age, which is 48 years old. The documentation submitted does not support the criteria for indications of knee arthroplasty. Therefore, the request is not medically necessary.