

<b>Case Number:</b>	CM14-0213235		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/25/2014
<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 64-year-old female who reported an injury on 02/28/2013. The injured worker reportedly slipped on rock/gravel, twisting her right knee. The current diagnosis is right knee strain/sprain. The injured worker presented on 12/08/2014 with complaints of persistent right knee pain. Previous conservative treatment includes physical therapy, medication management, and cortisone injections. Upon examination, there was significant swelling of the knee, moderate pain to palpation of the medial knee, moderately restricted range of motion, and intact sensation. Treatment recommendations at that time included a total knee replacement. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the right knee on 09/22/2014, which revealed tricompartmental osteoarthritis of the knee, worse in the medial compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Right Knee Replacement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Knee and Leg Procedure Summary (last updated 10/27/14), 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 & Leg Chapter, Knee joint replacement

**Decision rationale:** The Official Disability Guidelines recommend a knee arthroplasty if 2 of 3 compartments are affected. Conservative treatment should include exercise therapy and medication, as well as viscosupplementation or steroid injection. Imaging studies should reveal evidence of osteoarthritis. According to the documentation provided, the injured worker has exhausted conservative treatment. There is objective evidence of significant swelling, moderate tenderness to palpation, and moderately restricted range of motion. The injured worker has activity limitation and persistent symptoms despite conservative treatment. The MRI of the right knee does reveal evidence of tricompartmental osteoarthritis. Given the above, the medical necessity has been established in this case. Therefore, the request is medically necessary.

**Three Day Hospital Stay:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Knee and Leg Procedure Summary (updated 10/27/14), Hospital length of stay (LOS0 guidelines: Knee replacement

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hospital Length of Stay

**Decision rationale:** The Official Disability Guidelines state the median length of stay following a total knee replacement includes 3 days. The current request for a 3 day inpatient stay following the right total knee arthroplasty does fall within guideline recommendations. Therefore, the request is medically necessary.