

<b>Case Number:</b>	CM14-0213492		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/15/2014
<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: Minnesota, Florida  
 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:

Per AME of December 3, 2014 the injured worker is a 62-year-old male with a reported date of injury of 11/9/2013. He was employed as a tractor and truck driver, picking vegetables and doing irrigation since October 1987. On November 9, 2013 he slipped on cement and fell onto his right hip and right knee. He was treated in the emergency room for contusions and given medications. Because of continuing pain an MRI of the right knee was obtained in January 2014 and showed severe osteoarthritis. An MRI of the right hip was done in March 2014 which showed a labral tear. He received a steroid injection into the right hip with temporary improvement. On August 18, 2014 he underwent right hip arthroscopy. A tear of the labrum was repaired. The documentation indicates that there was only a little improvement reported in right hip pain after surgery. He was treated with physical therapy and also received 2 injections into the right knee with no improvement. He was continuing to complain of pain in the right hip and right knee. The right hip pain was equal to the pain in the right knee. He reported difficulty with activities of daily living including self-care activities which were uncomfortable and done slowly. He can lift and carry very light objects and walk only short distances. He can perform extremely light to no activity for at least 2 minutes. He can climb one flight of stairs with a lot of difficulty. The pain level was reported to be 5-6/10. He was taking naproxen, cyclobenzaprine, and hydrocodone twice a day. He was using a right knee brace most of the time at work. His height was 5 feet 9 inches and weight 242 pounds. His BMI was 36.1. Examination of the right knee revealed significant varus deformity and tenderness to palpation over the medial joint line. Range of motion was 0-120. Gait was antalgic. Standing x-rays of the knees revealed medial

joint space narrowing on the right to 2 mm. He attended physical therapy in November and December 2013 for right hip and right knee. The provider's notes dated 9/17/14 indicate that he had been through all the appropriate and available conservative management options for osteoarthritis of the right knee and they had been exhausted. An MRI scan of the knee had revealed advanced degenerative changes with a complex tear of the medial meniscus. On December 11, 2014 he was still walking with a limp and was somewhat bowlegged. He was complaining of pain in the right knee and right hip. A request for a total knee arthroplasty of the right knee and postoperative physical therapy was noncertified by utilization review due to lack of medical records for 3 months preceding the request. The medical records have now been provided and the decision appealed to an independent medical review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right total knee arthroplasty:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section:Knee, Topic: Knee Joint Replacement

**Decision rationale:** California MTUS does not address specific criteria for a total knee arthroplasty. ODG guidelines are therefore used. The ODG criteria for a total knee arthroplasty include conservative care including exercise therapy, supervised physical therapy and/or home rehabilitation exercises and medications or Viscosupplementation or steroid injections plus subjective clinical findings of limitation of range of motion and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective findings of age over 50 and body mass index less than 40, plus imaging clinical findings of osteoarthritis on standing x-ray documenting significant loss of chondral clear space with varus or valgus deformity. The injured worker meets these guideline criteria. His medial joint space is 2 mm. He has a varus deformity. He has exhausted conservative treatments including medications, corticosteroid injections and physical therapy. He has involvement of at least 2 compartments with osteoarthritis. His BMI is less than 40. The only criterion he does not meet is the limitation of range of motion to 90 or less. However, this is not an absolute requirement. Based upon the above, the guideline criteria have been met and the request for a right total knee arthroplasty is supported and the medical necessity substantiated.

**Post op physical therapy to the right knee 3 x 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

**Decision rationale:** Post-Surgical Treatment Guidelines allow an initial course of therapy of 12 visits for a total knee arthroplasty. With documentation of objective functional improvement a subsequent course of therapy of 12 additional visits may also be prescribed. The post-surgical physical medicine treatment period is 4 months. The requested physical therapy is within the guidelines and as such, the medical necessity of the request is substantiated.