

<b>Case Number:</b>	CM15-0002618		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 55-year-old female who reported an injury on 11/12/2012 due to an unspecified mechanism of injury. She underwent an MR arthrogram of the right knee on 10/06/2014, which showed osteoarthritis and chondromalacia, including chondral irregularity of the medial femoral condyle weight bearing surface with subchondral edema, chondromalacia and chondral fissuring of the medial patellar facet, and debris/loose bodies in the anterior to the knee, radial defect at the posterior horn of the medial meniscus at the root ligament insertion, postsurgical lateral meniscus, and chronic sequela of MCL sprain and extravasation into a small popliteal cyst. On 12/04/2014, she presented for a followup evaluation regarding her right knee pain. She reported continued pain in the right knee and stated that she was working with a physical therapist. Her medications included Synthroid. A physical examination of the right knee showed medial joint line tenderness, mild effusion, and no crepitance. There was full range of motion with some pain. There was no weakness present, and there was no anterior, valgus, or varus instability present. Her gait was also noted to be normal. She was diagnosed with osteoarthritis localized to the MFC on the right. The treatment plan was for a right knee replacement, electrocardiogram, lab reports, a chest x-ray, and preoperative history and physical and office visit. The Request for Authorization form was not provided for review. The rationale for treatment was to alleviate the injured workers knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Electrocardiogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing, general.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Services:Pre-Op Lab; Prothrombi, Partial Thromboplastin Time, Normalized Ratio, Complete Blood Count with Differential Count, Comprehensive Metabolic Panel, Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Labs, General.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Right Knee Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical 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 and Leg, Total Joint Replacement.

**Decision rationale:** According to the California ACOEM Guidelines, a referral for a surgical consultation may be indicated for those who have activity limitation for more than 1 month and who fail to increase range of motion and strength around the musculature of the knee with exercise programs. The Official Disability Guidelines recommend a total knee joint replacement after there has been evidence of conservative care with exercise therapy and medications, subjective and objective clinical findings are consistent with the diagnosis, and there are imaging findings consistent with the diagnosis. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right knee. However, there is a lack of documentation showing that the injured worker has tried and failed all recommended conservative treatment options. There are no indications that the injured worker has failed physical therapy or recommended medications with NSAIDs or injections to support the requested intervention. In addition, there is a lack of evidence showing that she has any

significant functional deficits that would support the request for a total right knee replacement. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**Associated Surgical Services: Chest X-ray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative labs, general.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Pre-Op Visit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Office Visits.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Pre-Op History and Physical: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Office Visits.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.