

<b>Case Number:</b>	CM15-0173819		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Oregon, Washington  
 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:

The injured worker is a 60-year-old male with an industrial injury dated. Medical records reviewed indicate he is being treated for osteoarthritis of knee and grade 4 chondromalacia of the right knee. Medical conditions include hyperlipidemia, hypertension, sleep apnea and chronic renal failure. Surgical history included arthroscopy left knee with ACL repair and rotator cuff repair on the left. He presents on 07-07-2015 for orthopedic evaluation. He reported knee joint pain, knee joint stiffness, the knee cap seems "out of place", and a clicking sensation in the knee, a grating sensation in the knee, a sensation of something floating in the knee and the knee remains unstable. Physical exam noted swelling of the knee, grade 4 effusion of the right knee. Other findings are documented as no erythema of the knee, no warmth of the knee, no cyst in the knee and the patella was normal. Documentation notes full range of motion of the knees 0-115 with roll back pain. The Q angle of the knee was normal and McMurray test of the knee was negative. Motor strength findings were documented as no knee weakness observed, knee feels unstable, no pain in patello femoral joint, knee varus normal and valgus normal. Patellar tracking was documented as normal with Lachman, Anterior Drawer, Posterior Drawer and Pivot Shift Test being documented as negative. In the report dated 05-15-2015 medications are documented as Albuterol, Axid, Atenolol, Hydrochlorothiazide, Lisinopril, Docusate Sodium, Fenofibrate, Klor-Con, Fluticasone Propionate, Morphine Sulfate, Oxycodone, Alprazolam, Gabapentin, Super colon cleanse and Dulcolax. The provider documents diagnostic findings in the 07-17-2015 note as follows: 2 views AP and lateral - findings- right knee: Soft and boney tissues unremarkable, anatomical alignment normal, bone mineralization normal, no linear fracture,

medial and lateral osteophytes present, severe narrowing of medial and lateral aspects, chondromalacia of patella. Impression was documented as grade 4 chondromalacia of the right knee. The provider documents recommendation of a right total knee replacement. The provider also documents "He has exhausted all means of conservative management to include anti-inflammatories and physical therapy and is currently ambulating with a cane." Prior treatments included medications, anti-inflammatories and physical therapy (documented by provider in 07-17-2015 note.) Physical therapy, pool therapy and Futuro brand anti-embolism thigh high length closed toe stockings with moderate compression of 18 mm of mercury were requested. The treatment request is for: Right Knee, Total Knee Replacement, Post-Operative Physical Therapy, 18 sessions and Associated Surgical Services: In-patient stay, 2 days. On 08-03-2015 the request for Right Knee, Total Knee Replacement, Post-Operative Physical Therapy, 18 sessions and Associated Surgical Services: In-patient stay, 2 days was non-certified by utilization review.

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

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

#### **Right Knee, 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: Knee & Leg - Knee joint replacement; Knee arthroplasty, indications for surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee arthroplasty: Criteria for knee joint replacement.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 7/7/15 of increased pain with initiation of activity or weight bearing. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. Range of motion was 0-115 on 7/7/15. Therefore, the guideline criteria have not been met and the request is not medically necessary.

#### **Associated Surgical Services: In-patient stay, 2 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post Operative Physical Therapy, 18 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.