

<b>Case Number:</b>	CM15-0021400		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Illinois, California, Texas  
 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 51-year-old female who sustained an industrial injury on 4/17/12. The 3/21/13 left knee MRI impression documented diffuse degenerative tearing of the medial meniscus tear, high grade partial thickness tear of the medial meniscus, extensive horizontal tear of the anterior horn and body of the lateral meniscus, and an oblique tear of the posterior horn of the lateral meniscus. There as mild mucoid degenerative and laxity in the anterior cruciate ligament and mild grade 1 sprain of the medial collateral ligament. There was moderate to severe tricompartmental osteoarthritis with associated chondromalacia patella, intraarticular body, large amount of joint effusion and diffuse synovitis. The 2/27/14 through 10/13/14 progress reports documented on-going pain with cracking and popping. Functional difficulty was noted with stairs and prolonged driving. Conservative treatment included multiple Synvisc injections, weight loss, stationary bicycle, swimming, gym activity, activity modification, work restrictions, and topical medications. Physical exam documented moderate swelling with knee flexion 60 degrees and extension lacking 5 degrees. The 1/8/15 treating physician report cited grade 4-5/10 intermittent knee pain with cracking and inability to bend the knee. Physical exam documented valgus with moderate swelling over the medial joint line. Flexion was 90 degrees with extension at 0 degrees. The diagnosis was bilateral knee degenerative joint disease. Staged bilateral total knee replacements were discussed. Authorization for right total knee replacement and pre-operative clearance was submitted. The 1/14/15 utilization review non-certified the request for right total knee replacement and pre-operative clearance. The rationale for non-certification noted that documentation did not meet guidelines criteria relative to failure of comprehensive

conservative treatment, no documented night pain or body mass index, and no x-ray or MRI reports.

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

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

**Total Right 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 (ODG) Knee & Leg (updated 10/27/14).

**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: Knee joint replacement.

**Decision rationale:** The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have not been fully met. The patient presents with persistent function-limiting right knee pain. There is significant loss of range of motion with moderate swelling. Imaging documented moderate to severe tri-compartmental osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted (to include for example un-loader bracing and physical therapy.) In addition, weight loss is discussed in the progress reports but there is no documentation of the patient's height, weight, or body mass index. Therefore, this request is not medically necessary.

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>, Perioperative protocol. Health care protocol.

**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.