

<b>Case Number:</b>	CM15-0063597		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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

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 62-year-old female who sustained an industrial injury on 03/11/2014 involving her right knee, neck, jaw and rib cage from a slip and fall down stairs. Diagnoses include right knee osteoarthritis; jaw pain/contusion forearm; contusion chest wall/ rib cage; cervical sprain/ knee sprain. X-ray revealed no new fracture but did reveal old fracture deformity of the proximal right tibia and fibula with indwelling metallic screws in the proximal femur and valgus deformity of the right knee. On 08/20/14 she underwent right knee arthroscopy with arthroscopic extensive chondroplasty of the patella, trochlear compartment, medial and lateral compartments, synovectomy in all 3 compartments, partial meniscectomies medial, lateral and finally arthroscopy lateral patella retinacular release. She currently complains of constant right knee pain. Treatments to date include cortisone injections with limited benefit, physical therapy. Diagnostics include MRI of the right knee (5/28/14, 2/11/15). The injured worker presented on 03/24/2015 for a follow-up evaluation with complaints of constant right knee pain. The injured worker was utilizing ibuprofen 800 up to 3 times per day. Upon examination of the right knee, there was 0 to 110 degrees range of motion with an antalgic gait. There was also evidence of right knee effusion. The physician recommended a right total knee replacement and continuation of the current medication regimen. There was no request for authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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.

**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 joint replacement for patients with 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medication or injections. There should be evidence of limited range of motion of less than 90 degrees and nighttime joint pain. A knee arthroplasty is recommended for patients with over 50 years of age with a body mass index of less than 40. There should also be evidence of osteoarthritis on standing x-ray or on a previous arthroscopy report. In this case, the injured worker's physical examination revealed 0 to 110 degrees range of motion. There was no documentation of a significant functional deficit. There was no documentation of any weight bearing x-rays with the assessment of joint disease. It does not appear that the injured worker has osteoarthritis in at least 2 out of 3 compartments to support the necessity for a total knee replacement. It is unclear whether the patient has been previously treated with steroid or viscosupplementation injections. Based on the information received and the above-mentioned guidelines, the request is not medically necessary at this time.

**Surgical Assistant:** 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.

**Inpatient Hospital Stay (3-4 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 Op Physical Therapy (12-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.

**Post Op Care with a RN (weekly):** 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.