

<b>Case Number:</b>	CM15-0064522		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/29/2006
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 53 year old female who suffered an industrial injury on 01/29/2006. The diagnoses include bilateral knee osteoarthritis. The diagnostics include bilateral knee x-rays. The injured worker had been treated with medications, physical therapy, medications and bilateral knee arthroscopies. On 01/21/2015, the treating provider reported bilateral knee pain with the right side being worse than left. The pain occurred every day and affected activities of daily living. There was significant joint tenderness upon examination. The treatment plan included Total right knee arthroplasty surgery, In-patient hospital stay 2-3 days, Pre-operative medical clearance, X-ray of the chest, Diagnostic test ECG, and Post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total right knee arthroplasty surgery: 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 chapter-knee arthroplasty.

**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 arthroplasty when there are 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medication and/or injections. There should be objective evidence of limited range of motion less than 90 degrees. A knee arthroplasty is recommended for patients who are over 50 years of age, with a body mass index 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 has completed a course of physical therapy and does utilize Tylenol for pain. However, there is no documentation of an exhaustion of conservative management, to include cortisone or Visco supplementation injections. Upon examination, there was significant tenderness with 0 to 120 degree range of motion. There was no evidence of significantly limited range of motion of less than 90 degrees to support the necessity for a total knee replacement. There is no documentation of a significant functional limitation. Given the above, the request cannot be determined as medically necessary at this time.

**Associated surgical services: In-patient hospital stay 2-3 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.

**Pre-operative medical clearance: 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.

**Associated surgical services: X-ray of the chest: 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.

**Associated surgical services: Diagnostic test ECG:** 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 (unspecified frequency and duration):** 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.