

<b>Case Number:</b>	CM15-0065518		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/10/2006
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 66-year-old male who sustained an industrial injury on 1/10/06. Past medical history was positive for diabetes mellitus, hypertension, dyslipidemia and depression. He underwent a left total knee replacement on 4/30/13. The 2/11/15 treating physician re-examination report indicated that the injured worker's right knee had continued to bother him and had gotten progressively worse over the past month. His limp increased as the day went on and he had problems walking up and down stairs. He was not taking any medications and had continued to work. Physical exam documented weight 320 pounds, ambulation with a limp, and inability to squat. There was slight right knee effusion, pain along the medial joint line, range of motion 3-120 degrees, and no gross laxity. The right knee x-rays showed moderate medial joint space narrowing. The diagnosis included progressive right knee osteoarthritis with two prior arthroscopic procedures, and status post left knee replacement doing well. A right knee intraarticular corticosteroid injection was provided with some immediate relief. He was prescribed Voltaren and was advised to continue symptomatic home measures and lose weight. He will be a candidate for a partial or total knee replacement. The 3/4/15 treating physician report indicated the injured worker was no better since receiving an intraarticular steroid injection to the right knee. He had continued right knee pain and swelling with giving way, especially when he turned or twisted. He remained cautious. Physical exam documented a slight limp and right knee pain. He was unable to squat. There was slight effusion, pain along the medial joint line, and range of motion 3-120 degrees with no gross laxity. The diagnosis was right knee medial compartment osteoarthritis. He was status post left knee total knee replacement and was doing well. Because of progressive daily right knee symptoms, the injured worker wanted to proceed with further surgical treatment. The treatment plan recommended a

unicompartmental knee arthroplasty, continued Voltaren, and continued weight loss attempts. The injured worker was capable of modified duty. The 3/31/15 utilization review non-certified the request for right unicompartmental arthroplasty and associated requests as the injured worker's body mass index was 48.5 and exceeded the Official Disability Guidelines criteria.

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

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

#### **Right Knee Unicompartmental Arthroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG 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 Chapter; surgical Considerations.

**Decision rationale:** The injured worker is a 66-year-old male who sustained an industrial injury on 1/10/06. Past medical history was positive for diabetes mellitus, hypertension, dyslipidemia and depression. He underwent a left total knee replacement on 4/30/13. The 2/11/15 treating physician re-examination report indicated that the injured worker's right knee had continued to bother him and had gotten progressively worse over the past month. His limp increased as the day went on and he had problems walking up and down stairs. He was not taking any medications and had continued to work. Physical exam documented weight 320 pounds, ambulation with a limp, and inability to squat. There was slight right knee effusion, pain along the medial joint line, range of motion 3-120 degrees, and no gross laxity. The right knee x-rays showed moderate medial joint space narrowing. The diagnosis included progressive right knee osteoarthritis with two prior arthroscopic procedures, and status post left knee replacement doing well. A right knee intraarticular corticosteroid injection was provided with some immediate relief. He was prescribed Voltaren and was advised to continue symptomatic home measures and lose weight. He will be a candidate for a partial or total knee replacement. The 3/4/15 treating physician report indicated the injured worker was no better since receiving an intraarticular steroid injection to the right knee. He had continued right knee pain and swelling with giving way, especially when he turned or twisted. He remained cautious. Physical exam documented a slight limp and right knee pain. He was unable to squat. There was slight effusion, pain along the medial joint line, and range of motion 3-120 degrees with no gross laxity. The diagnosis was right knee medial compartment osteoarthritis. He was status post left knee total knee replacement and was doing well. Because of progressive daily right knee symptoms, the injured worker wanted to proceed with further surgical treatment. The treatment plan recommended a unicompartmental knee arthroplasty, continued Voltaren, and continued weight loss attempts. The injured worker was capable of modified duty. The 3/31/15 utilization review non-certified the request for right unicompartmental arthroplasty and associated requests as the injured worker's body mass index was 48.5 and exceeded the Official Disability Guidelines criteria.

**Associated Surgical Service: Right Knee Brace:** Upheld

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

**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, Knee braces.

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

**Associated Surgical Service: Right Knee Walker:** Upheld

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

**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, Walking aids (canes, crutches, braces, orthoses, & walkers).

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

**Associated Surgical Service: Rio Hondo Nursing Facility:** Upheld

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

**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: Skilled nursing facility (SNF) care.

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