MAXIMUS Federal Services

| Case Number: | CM15-0065966 | | |
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| Date Assigned: | 04/13/2015 | Date of Injury: | 06/08/2011 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 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 50-year-old male who sustained an accepted right knee industrial injury on 6/08/11. The mechanism of injury was not documented. The 4/3/14 left knee MRI impression documented grade 3 chondromalacia patella with minimal degenerative changes in the medial joint compartment, and minimal patellar tendinosis. The 11/7/14 treating physician report cited a gradual onset of left knee pain not associated with any injury. Imaging showed grade 3 chondromalacia of the patella. He had corticosteroid injection and a series of viscosupplementation which did not relief the pain. He reported a constant generalized ache of the knee with occasional swelling. Left knee exam documented no effusion, range of motion 0-135 degrees, no laxity to varus or valgus stress, negative Lachman's and anterior drawer tests, and generalized sensitivity to palpation. Descriptions of knee pain were reported quite general and peripatellar in location. The orthopedic surgeon indicated that he was not certain what was causing the knee pain as the MRI did not look that bad and there was no history of injury. The treatment plan recommended referral to a rheumatologist. The 3/4/15 orthopedic report from a different physician indicated that a request for right total knee arthroplasty had been denied by utilization review. Left knee findings were documented to include range of motion 0-130 with tenderness to palpation over the medial and lateral joint lines both knees. Left knee MRI showed cartilage fissuring of the chondromalacia, grade IV. The treatment plan indicated that the injured worker had failed conservative treatment for the left knee with anti-inflammatories and physical therapy for years and had MRI findings of chondromalacia grade IV and therefore was a candidate

for left total knee replacement. The 3/31/15 utilization review non-certified the request for left total knee replacement but the rationale was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee replacement:** 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: 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), night-time 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 on standing x-rays or arthroscopy. Guideline criteria have not been met. This patient presents with complaints of constant left knee pain with occasional swelling. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, clinical findings documented near normal range of motion, no instability, normal strength, and diffuse tenderness over the medial and lateral joint lines. There was no documentation of night time joint pain or body mass index. There was no clinical evidence of significantly severe osteoarthritis as demonstrated by standing x-rays or arthroscopy. There was a recommendation for rheumatology consult to fully evaluate the left knee pain complaint that was not evidenced in the provided records. Therefore, this request is not medically necessary.