

<b>Case Number:</b>	CM15-0077329		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Minnesota, Florida  
 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 56-year-old female with advanced degenerative joint disease of both knees. The IMR request signed on 4/22/2015 indicates that the specific requested medical service is a "revision total knee arthroplasty, 1 component." The request also mentions outpatient surgery which would be unusual for a total knee arthroplasty. However, it also refers to a date of utilization review determination letter of 3/27/2015. The referenced letter pertains to a request for right total knee arthroplasty and not a revision of 1 component. The request for authorization is dated 3/20/2015 and refers to a right total knee arthroplasty and not a revision. Therefore this IMR pertains to the request for the total knee arthroplasty and not a revision. The utilization review denial of the request for a total knee arthroplasty was based upon the absence of x-rays or other imaging studies documenting the degree of osteoarthritis. A radiology report pertaining to the x-rays of the right knee dated 3/6/2015 has been submitted. Although the IMR application form refers to a revision of the total knee arthroplasty involving one component, there is no documentation submitted indicating that a total knee arthroplasty has been performed and a revision is necessary. Furthermore, there is a medical record dated May 11, 2015 which documents the presence of bilateral knee pain, right more than left with inability to tolerate standing and walking for more than 15 minutes. The injured worker had received a corticosteroid injection into the right knee with slight improvement but was still quite disabled. She was using a walker at work at times. She had exhausted conservative measures including activity modification, cold packs, medication, exercises, and corticosteroid injections. Examination of the right knee revealed medial and lateral joint line tenderness. Range of motion

of both knees was 0-130 degrees. There was no instability. X-rays of the right knee dated 3/6/2015 were reported to show severe arthritis of the medial compartment with loss of cartilage, bone-on-bone, sclerosis, hypertrophic lipping. Patellofemoral arthritis was also noted. The appearance was similar to August 2014. On 10/21/2014 she was 5 feet 9 inches tall and weighed 293 pounds which makes her BMI 43.26. This exceeds the ODG guidelines criteria of a maximum BMI of 40; however, that is not an absolute contraindication although it does increase the cardiovascular risk. A request for a right total knee arthroplasty was noncertified by utilization review as there were no Radiology reports indicating the severity of osteoarthritis. The Radiology report has now been submitted.

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

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

**Outpatient right total knee arthroplasty:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee Replacement, Hospital length of stay.

**Decision rationale:** ODG criteria for a total knee arthroplasty include 2 of the 3 compartments are affected, conservative care has been exhausted including exercise therapy, medications, or Viscosupplementation or corticosteroid injections, AND subjective clinical findings of limited range of motion and nighttime joint pain AND no pain relief with conservative care AND documentation of current functional limitations demonstrating necessity of intervention PLUS objective clinical findings of age over 50 and body mass index of less than 40 with her increased BMI poses elevated risks for postop complications PLUS imaging clinical findings of osteoarthritis on standing x-ray documenting significant loss of chondral clear space in at least one of the 3 compartments with varus or valgus deformity an indication with additional strength. The injured worker meets the requirements with the exception of BMI which is slightly over the limit. Based upon the extensive prior medical records reviewed, the conservative care has been exhausted and the medical necessity of the request for a total knee arthroplasty has been substantiated. ODG guidelines recommend a best practice target of 3 days for a total knee arthroplasty. Therefore a 3 day hospital length of stay would be appropriate, medically necessary, and within the guidelines.