

<b>Case Number:</b>	CM15-0079682		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

### 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 58-year-old male, who sustained an industrial injury on 1/12/15. He reported a left knee injury. The injured worker was diagnosed as having degenerative arthritis of bilateral knees. Claimant is noted to have a BMI of 38.7 Treatment to date has included cane for ambulation, physical therapy, home exercise program and oral anti-inflammatories. Exam note 3/24/15 demonstrates, the injured worker complains of severe bilateral knee symptoms. Physical exam noted severe antalgic gait, tenderness throughout the right knee with limited range of motion and large effusion, trace effusion, and generalized weakness of medial aspect of left knee with limited range of motion. The treatment plan included request for approval for right total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding Knee arthroplasty.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 3/24/15 of when physical therapy began or how many visits were attempted. The claimant is noted to have a BMI of 38.7. Therefore, the guideline criteria have not been met and the determination is not medically necessary.