

<b>Case Number:</b>	CM15-0094520		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	07/24/2004
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 59-year-old who sustained an industrial injury on 7/24/04. Injury was reported due to cumulative trauma as a cement worker. Past surgical history was positive for right knee arthroscopy on 2/3/05 and left knee arthroscopy with partial medial meniscectomy and chondroplasty of the medial femoral condyle on 3/3/10. Prior conservative treatment included viscosupplementation, corticosteroid injection, physical therapy, knee brace, activity modification, cane, and medications. The 4/15/15 bilateral knee x-ray report findings documented mild joint space narrowing, greatest medially. There was slight osteophytic ridging. The impression was mild degenerative changes. The 4/15/15 orthopedic report cited grade 7-9/10 bilateral knee pain. He reported leg numbness with walking for 20 minute that took 2 days to recover from. He reported shooting pain on uneven terrain, left greater than right. He was using a cane and reported steady deterioration in his ability to stand, walk, or climb. He reported tightness in the knees and giving way. Bilateral knee exam documented positive patellofemoral crepitus and tender over the anterior, posterior and medial joint lines. Range of motion and strength were reported normal. There was no instability. Authorization was requested for bilateral total knee replacements, an electrocardiogram, complete medical clearance including labs and a chest x-ray. The 4/24/15 utilization review non-certified the requests for bilateral total knee replacements and associated pre-operative testing as guideline criteria were not met relative to documentation of functional limitation and clinical exam findings. Additionally, the most current x-rays failed to demonstrated advanced osteoarthritis in 2 to 3 compartments of each knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Total Knee Replacement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Kee-Surgical Considerations.

**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, and a body mass index (BMI) less than 40. Standing x-ray findings must include significant loss of chondral clear space in at least two of the three compartments, with valgus or varus deformity an indication with additional strain. Previous arthroscopic documentation should show advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted. Guideline criteria have not been met. This injured worker presents with bilateral knee pain and limited ambulatory tolerance. However, current bilateral knee x-rays document mild joint space narrowing and do not evidence advanced osteoarthritis. Additionally, current range of motion and strength are normal. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

### **Associated Surgical Service: EKG: 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 Service: Complete Medical Clearance including Labs: 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.

**Chest X-Ray:** 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.