

<b>Case Number:</b>	CM15-0094550		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<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: California, Indiana, Oregon  
 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:

This 42 year old female sustained an industrial injury to the bilateral knees on 7/1/11. Previous treatment included magnetic resonance imaging, left total knee arthroplasty, physical therapy and medications. In a PR-2 dated 10/29/14, the physician noted that the injured worker was doing well following left knee replacement but complained of ongoing right knee pain with popping. The physician noted that he suspected the source of her pain and popping to be due to patella maltracking as a result of vastus medialis oblique and quadriceps muscle weakness. The physician recommended additional physical therapy. In a PR-2 dated 1/21/15, the injured worker complained of ongoing right knee pain with swelling and difficulty ambulating. Physical exam was remarkable for tenderness to palpation over the joint lines with varus deformity, crepitus with range of motion and a moderate effusion. Current diagnoses included status post left total knee arthroplasty and right knee degenerative joint disease. The treatment plan included right total knee replacement and prescriptions for Norco, Flexeril and Naproxen Sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right total knee replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation EBM/guidelines: California total knee replacement.

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

**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. In this case, there is no imaging study showing clear chondral space loss consistent with severe osteoarthritis. Based on this the request is not medically necessary.