

<b>Case Number:</b>	CM14-0143676		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female sustained an industrial injury on 7/1/10. The mechanism of injury was not documented. The patient underwent a right knee arthroscopy with anterior cruciate ligament (ACL) reconstruction with allograft on 9/2/10. She developed a site infection and underwent an incision and drainage on 9/17/10. A subsequent arthroscopic lavage with synovectomy, open irrigation and debridement of the tibial tunnel wound, removal of screw and graft was performed on 10/2/10. A revision ACL reconstruction was performed on 1/6/11, followed by arthroscopic excision of failed ACL on 6/20/13, and revision ACL reconstruction on 10/17/13. Extensive post-operative physical therapy and a custom brace were provided. The 3/26/14 right knee MRI findings reported tunnel defects in the bones from previous ACL repair with very minimal osteophytes. ACL graft was intact. There was degenerative signal in the medial meniscus, suspicious for a tear. There was mild small joint effusion. The 6/4/14 second opinion report indicated that the patient may benefit from a total knee arthroplasty, however given her young age and previous history of infection, it was recommended that total knee replacement be held off as long as possible. Continued knee strengthening, weight loss, and use of anti-inflammatories for pain was recommended. Radiographs demonstrated good preservation of the joint space. There was a large cyst noted on the femoral and tibial sides in the region of the ACL reconstruction. The 7/30/14 treating physician report cited persistent knee pain and instability. Pain was mostly lateral. The knee frequently hyperextended often and resulted in several falls. The patient reported physical therapy was not beneficial. She was consistently wearing her knee brace. Physical exam documented body mass index 37.44. Right knee exam documented mild limp, lateral tenderness, medial joint line tenderness, range of motion 0-120 degrees, and posterior and anterior instability. Instability was reported due to posterior cruciate ligament insufficiency and loosening of her revised ACL. Definitive treatment was recommended as a

total knee replacement. The 8/12/14 utilization review denied the request for right total knee arthroplasty as there were no intraoperative findings or imaging evidence of end-stage osteoarthritis and the patient's body mass index exceeded guidelines.

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

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

**INPATIENT: RIGHT TOTAL KNEE ARTHROPLASTY WITH 3 DAY LOS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE JOINT 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 and Leg, Knee joint replacement, Hospital length of stay (LOS)

**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 35, and imaging findings of osteoarthritis. Hospital length of stay guidelines recommends a 3-day stay for total knee replacement. Guideline criteria have not been met. The most recent range of motion documentation indicates that the patient exceeds guideline criteria at 120 degrees. The patient has a BMI of 37.44 with second opinion recommendations noted for continued knee strengthening and weight loss. There is no radiographic or imaging evidence of significant/end-stage osteoarthrosis documented. Therefore, this request is not medically necessary.