

Case Number:	CM13-0002559		
Date Assigned:	07/25/2013	Date of Injury:	09/18/2001
Decision Date:	01/13/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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:

"The patient is a 71 year old male s/p injury 9/18/01, now 11 years ago. With regard to revision of right total knee arthroplasty with removal of failed knee arthroplasty be scheduled as an inpatient procedure: injured had prior TKR he complained of pain CT scan, prior to most recent surgery did not show loosening. He then underwent surgery with MUA and debridement current report stated global instability. Report states x-rays show loosening. There is no radiologist report. No documentation of height, weight or exercise. Prior to doing another surgery there needs to be clear clinical and radiographic evidence of a lesion that will improve from the procedure as such without radiologist report request cannot be certified therefore, the request is not supported as medically necessary and is not approved . With regard to Post-op physical therapy x12 sessions for right knee surgery is not supported request is not supported."

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of right knee arthroplasty with removal of failed knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AM Acad Ortop Surg, Vol 12, No 6, November/December 2004, 436-446. 2004 the American Academy of Orthopedic Surgeons, ACOEM guidelines (2nd Edition, text pages 343-344), and ODG, Knee Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Online Edition. ODG Indications for Surgery -- Knee arthroplasty:.

Decision rationale: This reviewer agrees with the prior denial of revision of right knee arthroplasty and removal of failed knee arthroplasty. The patient was noted to have undergone a right total knee arthroplasty in 2008. The patient underwent recent manipulation under anesthesia with synovectomy, lysis of adhesion, and removal of loose bodies on 02/26/2013. The treating provider indicates that x-rays reveal instability of the right knee. However, as cited in the initial denial, there is no independent radiographic evidence of failure to warrant a revision arthroplasty surgery. Official Disability Guidelines recommend patients have positive imaging evidence prior to undergoing surgical intervention. Guidelines specifically state that revision total knee arthroplasty is only recommended for failure of the originally approved arthroplasty. Given the lack of positive imaging evidence, the request remains non-certified at this time.

Post-op physical therapy times 12 sessions for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 & 24.

Decision rationale: Since the surgery is not medically necessary, none of the associated services, to include postoperative physical therapy times 12 for the right knee, are medically necessary.