

<b>Case Number:</b>	CM13-0006087		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/25/1998
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Sports Medicine 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 39-year-old male who reported an injury on 09/25/1999 after slipping and falling while chasing a suspect. The patient developed arthrofibrosis status post staged revision of a right total knee arthroplasty for a previously infected joint. The patient underwent total knee arthroplasty with patellar resurfacing. Status post the patient's surgical intervention, with radiograph evidence of a extensive heterotrophic bone formation around the proximal tibial that may have been related to infection. The patient's most recent clinical examination findings included diminished range of motion and swelling of the right knee with stasis, discoloration, and diminished stance phase. The patient underwent a negative indium 111 WC scan that revealed findings consistent with loosening of the right knee prosthetic device without infection. The patient's treatment plan included revision of the total knee arthroplasty with excision of the heterotrophic bone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE RADIATION AND INFECTIOUS WORKUP, ESR AND CRP:** Upheld

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

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

Bone & joint infections: prosthetic joints. California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice

**Decision rationale:** The POSTOPERATIVE RADIATION AND INFECTIOUS WORKUP, ESR AND CRP is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient developed postsurgical infection related to the most recent revision of the patient's total knee arthroplasty. Although the Official Disability Guidelines would recommend prophylactic antibiotic treatment due to the patient's risk of redevelopment of infection to the right knee joint, postoperative radiation and infectious workup and ESR and CRP would not be medically indicated unless there were active signs of infection. As the clinical documentation submitted for review did not provide any evidence of active signs of infection, this treatment modality would not be supported. As such, the requested POSTOPERATIVE RADIATION AND INFECTIOUS WORKUP, ESR AND CRP is not medically necessary or appropriate.