

<b>Case Number:</b>	CM13-0013582		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	09/02/2001
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 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 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:

The claimant, a 67-year-old female, who sustained a work-related twisting injury while stepping off a curb on September 2, 2001. She reported complaints of acute low back pain and knee pain. The clinical records provided for review document that the claimant underwent a right total knee arthroplasty in 2004, followed by a revision right knee arthroplasty in 2007. Also in 2007, a left total knee arthroplasty was performed. Operative reports were not provided for review. Available clinical records specific to the claimant's right knee include a July 24, 2013, progress report, which indicates that her subjective complaints are unchanged and notes no objective findings; a diagnosis of post-traumatic degenerative joint disease in the right knee is cited. No imaging studies of the right knee are referenced in the available documentation. There is no documentation of physical examination findings or indication of complaints specific to the right knee. An earlier clinical note, dated May 6, 2013, was also available for review and referenced only treatment for the claimant's low back, citing a diagnosis of lumbar scoliosis and stenosis. This request is for revision surgery to the claimant's right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REVISION TOTAL KNEE ARTHROPLASTY RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California ACOEM Guidelines do not address revision total knee arthroplasty. According to the Official Disability Guidelines criteria, revision arthroplasty cannot be recommended in this case. The records provided for review do not contain any imaging studies that would demonstrate loosening or malfunction of the knee component that would necessitate further operative intervention. The absence of documentation to determine why revision knee arthroplasty is necessary does not support the proposed surgery and is therefore not medically necessary.