

Case Number:	CM13-0014893		
Date Assigned:	10/04/2013	Date of Injury:	09/01/1995
Decision Date:	01/17/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/21/2013

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 70-year-old gentleman injured in a work related accident on 09/19/95. Records for review include long history of right knee complaints, for which he is status post a right total knee arthroplasty performed in 1999. Clinical records for review include a recent 07/22/13 assessment where he was noted to be with continued complaints of right knee pain. He was status post aspiration to the right knee secondary to persistent pain and swelling twelve days ago. Physical examination at that date showed swelling to the right knee with restricted range of motion and no current effusion. ERS and laboratory testing was recommended at that time. Review of laboratory results from 07/10/13 showed the claimant's knee fluid to be with no evidence of infection. Follow up of 07/29/13 with [REDACTED] stated that the claimant sedimentation rate and CRP were within normal limits. He described him as 14 years following knee replacement procedure with revision procedure in the form of polyethylene spacer exchange versus revision arthroplasty recommended. This was based on the claimant's ongoing continued complaints of pain and imaging that included knee radiographs from 08/17/13 that showed no acute fracture, dislocation, or loosening of hardware acceptable. Further imaging is not documented for review. As stated, the request for operative intervention in the form of revision arthroplasty with a three day inpatient length of stay followed by 10 to 12 week physical therapy protocol was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee polyethylene exchange and possible total knee arthroplasty (TKA) revision; inpatient stay for three (3) days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines;Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,; Knee procedures-Knee joint replacement.

Decision rationale: The Official Disability Guidelines indicate that revision arthroplasty with a three day inpatient length of stay is not supported. While the guidelines do recommend the role of revision arthroplasty in the setting of failed implant setting, clinical imaging in this case fails to demonstrate any loosening of hardware or malpositioned implants that would support the role of an acute revision process. Based on the above, the surgical request and inpatient stay would not be supported.

Initial postoperative physical therapy three (3) times a week for ten to twelve (10-12) weeks for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.