

<b>Case Number:</b>	CM13-0020697		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Pennsylvania. 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 75-year-old gentleman, sustained injuries to the lower extremities on July 14, 2003. The records available for review document prior right total knee arthroplasty, performed on August 25, 2010. The report of the May 15, 2012, radiographs showed satisfactory appearance of the implant site. A November 12, 2013, clinical assessment noted a diagnosis of right knee osteoarthritis status post total knee arthroplasty. No change in the claimant's complaints of continued pain post-operatively was noted. Physical examination showed trace joint effusion with varus alignment and normal range of motion. The reviewed records did not include additional documentation of imaging, physical examination findings or subjective complaints. This request is for revision total arthroplasty of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE TOTAL REVISION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The Expert Reviewer's decision rationale: The CA MTUS and ACOEM Guidelines do not address revision arthroplasty. Based upon the Official Disability Guidelines, the request for revision right knee arthroplasty would not be supported. The Official Disability Guidelines support revision when evidence of implant dysfunction exists. In the medical records provided for review, there is no documentation of imaging studies that would establish implant dysfunction in this case. Though the claimant continues to report complaints of pain, the lack of documented implant abnormality would make this request not medically indicated.