

Case Number:	CM13-0023847		
Date Assigned:	11/15/2013	Date of Injury:	07/24/2010
Decision Date:	01/09/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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:

This patient is a 56-year-old female who fell and landed on her left knee in 2010. The notes indicate that the patient subsequently underwent a microfracture debridement and removal of loose bodies and partial synovectomy as well as curetting and debridement of an osteochondral lesion of the left knee on 02/17/2011. Additionally, the patient underwent a left knee arthroplasty on 07/08/2011. Per clinical note submitted, the patient was seen on 08/12/2013 for a third orthopedic consultation with a recommendation for the patient to undergo a revision total knee prosthesis. Imaging studies completed on 02/04/2013 with a 3 phase bone scan noted abnormal osseous remodeling around the tibial component of the left knee partial prosthesis with associated mild hyperemia in the surrounding soft tissues. These findings raise suspicion for chronic loosening of the tibial component with no specific evidence to suggest a prosthetic infection; however, it was indicated that infection could not completely be ruled out and recommendation was made for clinical correlation. The patient also underwent a CT scan of the left knee on 11/21/2012 which revealed evidence of a Baker's cyst in the posteromedial aspect of the knee with distended bursal margins and a craniocaudal dimension of over 5.5 cm. The patient was evaluated on 10/14/2013 with the patient complaining of their knee giving out causing the patient to sprain her left ankle. The patient was noted to have tenderness on examination of the left ankle and the right knee. The clinical notes from 10/21/2013 indicated the patient to have continued complaints of pain to the left knee. Clinical notes from 11/21/2013 indicated the patient was seen for consultation preoperatively for a right heel and ankle exostectomy of the right calcaneus with debridement of the Achilles tendon and reattachment to the right foot with removal of a spur formation and then the Achilles attachment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of left total knee replacement: 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), Knee/Leg Chapter, Web Edition..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter..

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the requested revision arthroplasty. The Official Disability Guidelines state that revision total knee arthroplasty is an effective procedure for failed knee arthroplasty based on global knee rating scales. It would be recommended for failure of the originally approved arthroplasty. The employee was seen for a medical re-evaluation on 07/20/2013 which indicated on exam there was evidence of a 2 by 2 inch cystic tender swelling and posterior popliteal fossa suggestive of a Baker's cyst with pain on range of motion of the left knee. McMurray's sign and apprehension testing were negative and anterior and posterior drawer tests were negative. The medial and collateral ligament stress testing was noted to be negative. The employee had evidence of a moderately antalgic gait with the inability to walk on heels or toes and range of motion of the left knee from 0 to 80 degrees versus 0 to 120 degrees of the right knee. The employee is noted to have evidence of loosening of the prosthesis in the left knee indicated both on CT and on bone scan of the left knee. Furthermore, follow up evaluation of the employee on 08/12/2013 indicated on physical exam that they had full range of motion with no swelling, warmth, redness or crepitus and findings consistent with a mass posteriorly, providing evidence of a small Baker's cyst. The clinical notes from 08/12/2013 indicated on x-ray that there was no evidence of loosening. While the employee is recommended to undergo a revision total knee prosthesis using augments for the medial side and removal of the current implant, there is a lack of sufficient documentation indicating that the employee does indeed have loosening of the components currently in place. Additionally, there is a lack of recent clinical evaluation sufficient to provide a current clinical picture of the employee's left knee. The request for revision of left total knee replacement is not medically necessary and appropriate.