

<b>Case Number:</b>	CM13-0029897		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 claimant is a 45-year-old gentleman who was injured in a work related accident on November 3, 1998 sustaining injury to the right knee. Records for review indicate that following a course of conservative care, the claimant has previously undergone a right total knee arthroplasty. Date of initial procedure is unclear. An August 13, 2013 assessment of [REDACTED] stated that the claimant continued to be with bilateral knee complaints, the left being "better post liner exchange and synovectomy". The right knee feels "loose". He describes an unstable feeling. Treatment has included physical therapy. Clinical imaging was not documented or supported at that date. Given the above findings with no other clinical documentation, surgical intervention was recommended in the form of a revision arthroplasty with a liner exchange and synovectomy. As stated, further clinical records, including no formal imaging, are available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT TOTAL KNEE REVISION, LINER EXCHANGE, SYNOVECTOMY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Knee joint replacement.

**Decision rationale:** California MTUS Guidelines discuss surgery in cases where there is clear imaging evidence of a lesion that has been shown to benefit from surgery. When looking at Official Disability Guideline criteria, revision total knee arthroplasty is noted to be a safe and effective procedure for failed arthroplasties based on Global Knee Scale Ratings. It is recommended for failure of originally approved arthroplasty. The records in this case, however, fail to demonstrate the significant need for the procedure with no formal imaging available for review and documentation of physical examination findings not present. The acute need of surgical process based on the claimant's subjective complaints alone would not be indicated.

**INPATIENT STAY X 2-5 DAYS:** 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure; ODG hospital length of stay (LOS) guidelines:Knee Replacement (81.54 - Total knee replacement).

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, hospital stay would not be indicated. The clinical records in this case have failed to demonstrate the need for operative intervention thus negating the need for postoperative hospital stay.

**POST OP PHYSICAL THERAPY 1-2 X 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy sessions in this case would not be supported. The need for operative intervention in this case has not been established. This would negate the role for this postoperative treatment.

**HOME HEALTH NURSE 1-2 X 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, home health services also would not be indicated. While home health services are typically recommended in situations involving joint arthroplasty, the role of surgical process in this case has not been established, thus negating the need of this postoperative home health assessment.