MAXIMUS Federal Services

Case Number:	CM13-0032046		
Date Assigned:	12/04/2013	Date of Injury:	01/14/2005
Decision Date:	05/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 is a 70-year-old female who was injured on January 14, 2005. Records indicate an injury to the right knee for which the claimant is status post a November 29, 2007 right total knee arthroplasty. Follow-up clinical reports for review include a September 10, 2013 orthopedic assessment describing continued complaints of pain about the right knee with both medial and lateral pain. Examination demonstrated "obvious that skin condition has worsened to the right knee" with no further findings documented". Radiographs on that date demonstrated no acute signs of wearing. A CT scan of the right knee performed postoperatively on November 19, 2010 demonstrated no evidence of acute hardware loosening. A white blood cell scan from December 3, 2009 was negative and a bone scan from October 16, 2009 showed increased uptake to the right knee consistent with the claimant's recent surgical process. Based on a lack of response to conservative measures, revision arthroplasty was recommended due to the claimant's ongoing pain complaints. The treating physician indicated that the claimant was showing signs to a nickel/zinc alloy allergy. There is no documentation of allergy testing. There is no documentation of laboratory testing noted as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT/TREATMENT: PAINFUL TOTAL KNEE REPLACEMENT WITH POSSIBLE ALLERGY TO NICKEL ZINC ALLOY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California ACOEM and MTUS Guideline are silent. When looking at Official Disability Guideline criteria, revision arthroplasty is indicated if clear discernible purpose for need is documented. Unfortunately, in this individual with continued complaints of pain there is currently no indication of true demonstration of a nickel/zinc/alloy allergy or indication of implant malignment, rotation, or loosening from evaluations for review. There is no indication of an infectious workup. At present, while the claimant continues to be with complaints of pain, there is no acute indication for revision arthroplasty given the claimant's treatment and testing history noted to date.