

Case Number:	CM13-0032350		
Date Assigned:	04/25/2014	Date of Injury:	10/11/1989
Decision Date:	07/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopaedic 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:

A prior review for this request resulted in a recommendation for noncertification on September 19, 2013. The record indicates that the claimant is a 52-year-old male with a date of injury of October 11, 1989. The claimant is status post right total knee replacement in January 2011. A progress note dated January 25, 2013 indicates the claimant reports worsening of pain, buckling of the knee, and laxity in mid-flexion. X-rays revealed no evidence of loosening or where. Diagnostic studies to rule out infection were obtained, including laboratory studies, a 3 phase bone scan, and an MRI. These findings indicated no evidence of infection, and no periprosthetic lucency to suggest loosening. A CT in April 2013 reveals intact components in satisfactory position and alignment with no periprosthetic lucency to suggest loosening. A revision right total knee arthroplasty is recommended due to progressive radio Lucent lines of the femoral component per the conventional radiographs interpretation from the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE ARTHROPLASTY 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); Knee & Leg (Acute & Chronic); (updated 06/05/14).

Decision rationale: California/ACOEM guidelines do not address revision total knee arthroplasties. Therefore, ODG guidelines are used. The medical treatment guidelines support revision total knee arthroplasty in select clinical settings for failed knee arthroplasties of the originally approved procedure. The medical record demonstrates persistent pain following knee arthroplasty. However, a 3 phase bone scan, a laboratory workup, and a CT scan and conventional radiographs failed to demonstrate infection and/or loosening of the prosthetic. The requesting provider's CT findings of Mao rotation are not consistent with those noted in the CT report. In the absence of clear documentation of clinical findings that support the diagnosis of a failed primary prosthetic to substantiate the medical necessity of this request for a revision total knee arthroplasty in this 51-year-old individual, this request is recommended for not medically necessary.

HOSPITAL STAY (X3-4 DAYS): 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.

ASSISTANT SURGEON: 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.

DME: POLAR CARE UNIT (PURCHASE): 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.

IN-HOME PHYSICAL THERAPY (X6): 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.

OUTPATIENT PHYSICAL THERAPY (X12): 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.

DME: CPM MACHINE (X21 DAYS): 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.