

Case Number:	CM13-0035793		
Date Assigned:	12/13/2013	Date of Injury:	10/05/2008
Decision Date:	02/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 is a 49-year-old female injured in a work related accident on 10/05/08. A clinical report of 10/07/13 with [REDACTED] indicated the claimant was status post a prior total knee replacement procedure for which at present she has continued complaints of pain as well as left knee instability affecting her daily activities. Formal physical examination findings are not noted, but it stated postoperatively she has been treated with physical therapy and medication management. Physical examination performed at that date showed 1 to 90 degrees range of motion with limited flexion and extension and no other acute findings documented. Postoperative imaging to the knee included radiographs from 10/01/13 that showed no acute abnormalities. The treating physician's recommendations at the time of last assessment were for a revision total joint arthroplasty as well as postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee replacement revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Academy of Orthopaedic Surgeons, 2004. Bong and Di Cesare. Stiffness After Total Knee Arthroplasty.

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 - Knee joint replacement.

Decision rationale: The MTUS Guidelines are silent. The Official Disability Guidelines criteria say that revision knee arthroplasty is effective for failed knee arthroplasties based on global knee rating scales. It would be recommended for failure of originally approved arthroplasty. In this case, there is no current documentation of failure of the implant both on imaging or physical examination to acutely necessitate the role of this surgical process. While the treating physician describes instability, the physical examination does not provide that clinical picture. There are also normal radiographs from 10/01/13. Records do not indicate any workup other than formal physical therapy and medication management in the postoperative setting. This specific clinical request for a revision procedure based on the above clinical information would not be supported. Therefore, the requested services are not medically necessary at this time

Post-operative physical therapy 3 times per week for 6 weeks (18 sessions): 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.