

Case Number:	CM13-0040066		
Date Assigned:	12/20/2013	Date of Injury:	05/26/2011
Decision Date:	04/04/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 67 year old female injured in a work-related accident on May 26, 2011. The records provided for review documented right knee complaints and that the claimant was status post right total knee arthroplasty. The postoperative visit dated August 21, 2013 described the claimant with continued complaints of stiffness of the right knee following the operative procedure despite conservative care including therapy, acupuncture, medication management, and gait training modalities. Physical examination showed restricted range of motion to 45 degrees of flexion. The treatment plan was for laboratory testing to include sedimentation rate, C-reactive protein, and a complete blood count (CBC) to rule out a joint infection and referral to [REDACTED] for further assessment of her ongoing knee complaints. Follow up evaluation dated September 23, 2013 noted continued lack of motion with tenderness, documenting that the claimant had "loosening" of the prosthetic, for which revision arthroplasty was recommended. On a previous assessment on July 30, 2013 it was noted that radiographs showed no gross loosening, migration, or subsidence of the implant. No other imaging was provided. Surgical revision arthroplasty is now being recommended for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of right total knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for

Worker's Compensation, Online Edition Chapter: Knee, Knee joint replacement, and the National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure- Knee joint replacement.

Decision rationale: When looking at the Official Disability Guideline criteria, revision joint arthroplasty is an effective treatment for failed knee arthroplasties based on a global knee rating scale. The records in this case, however, do not indicate a diagnosis of loosening, for which the procedure is being recommended. The most recent plain film radiographs available for review demonstrate a well-fitted prosthetic, per the clinical assessment. There is a lack of documentation of other forms of imaging to support the diagnosis of loosening of the prosthesis to support the revision procedure being recommended. The request is not medically necessary and appropriate.