MAXIMUS Federal Services

| Case Number: | CM13-0049307 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/08/2010 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

## 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 sustained a left knee injury on August 8, 2010 in a work-related accident. Following a course of conservative care, the claimant underwent an August 28, 2012, left total knee arthroplasty. Postoperative clinical records documented continued complaints of pain despite conservative care that included aggressive physical therapy. A September 30, 2013, follow-up report referenced continued complaints of knee pain and treatment with bracing, which caused discomfort. Physical examination showed an antalgic gait, an underlying knee effusion, and a centrally tracking patella with evidence of medial instability at mid-flexion or with valgus loading. Plain film radiographs showed no obvious implant issue. Based on knee instability, this request is for revision arthroplasty, preoperative medical clearance and preoperative cardiac clearance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**REVISION LEFT TOTAL KNEE ARTHOPLASTY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), 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), Knee procedure - Revision total knee arthroplasty.

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, revision arthroplasty cannot be supported in this case. While the claimant is noted to have a degree of implant instability, the reviewed records do not document indications of malunion, malpositioning or acute implant findings on imaging, which would support the need for reconstruction surgery. The records also do not reference recent conservative care beyond the trial period of bracing, which extended for roughly only one week. Therefore, the request for revision left total knee arthroplasty is not medically necessary and appropriate.

**MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004; Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The request for revision right knee arthroplasty is not established as medically necessary. Therefore, the request for medical clearance preoperatively is not medically necessary and appropriate.

**CARDIAC CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The request for revision right knee arthroplasty is not established as medically necessary. Therefore, the request for cardiac clearance preoperatively is not medically necessary and appropriate.