

Case Number:	CM13-0050555		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2010
Decision Date:	03/26/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/13/2013

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 Texas. 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:

The patient is a 65-year-old male who reported an injury on 10/28/2010. The mechanism of injury is not specifically stated. The patient is diagnosed with failed left total knee arthroplasty. The patient was seen by [REDACTED] on 08/27/2013. It is noted that the patient underwent a left total knee arthroplasty in 2011 for post-traumatic osteoarthritis. The patient reports persistent pain with activity limitation. Physical examination revealed tenderness to palpation, positive patellar grind, 0 degrees to 120 degrees range of motion with pain and crepitus, and intact sensation. X-rays obtained on 08/26/2013 indicated moderate varus alignment and possible femoral component radiolucency. Treatment recommendations included a left total knee arthroplasty revision. A request for authorization was then submitted on 10/02/2013 by [REDACTED] for a revision left total knee arthroplasty with a 5 days inpatient stay, as well as postoperative rehabilitation and a custom-made knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines indicate that hospital length of stay following revision knee replacement includes 4 days. Therefore, the current request for a 5 days inpatient stay exceeds guideline recommendations. Based on the clinical information received and Official Disability Guidelines, the request is non-certified

Post-operative rehabilitation three (3) times per week for six (6) weeks (18 visits): 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: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The MTUS Guidelines indicate that the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following an arthroplasty of the knee includes 24 visits over 10 weeks. Therefore, the current request for 18 sessions of physical therapy postoperatively exceeds guideline recommendations. As such, the request is non-certified.

Custom made knee brace: 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 Chapter, Knee Brace

Decision rationale: The Official Disability Guidelines indicate that custom fabricated knee braces may be appropriate for patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal offloading of painful or repaired knee component, or severe instability as noted on physical examination. According to the documentation submitted, the employee is scheduled to undergo a revision total knee arthroplasty. While a pre-fabricated knee brace may be indicated for a painful failed total knee arthroplasty, the medical necessity for a custom fabricated brace has not been established. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.