

Case Number:	CM13-0051668		
Date Assigned:	12/27/2013	Date of Injury:	11/01/1996
Decision Date:	05/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 is a 61-year-old gentleman who was injured on November 1, 1996. Specific in this case is the claimant's left knee. There is documentation of previous total joint arthroplasty on May 29, 2013. Recent clinical assessment of October 8, 2013 states that with increased activity, the claimant is noting "popping" with continued weakness with long distance walking. Examination showed full extension and flexion to over 120 degrees with a positive anterior drawer test, positive Lachman test and no evidence of other instability. Plain film radiographs demonstrated well seated prosthetic. Provider indicates there is no evidence of loosening, but states that his recommendations are for arthrotomy with exchange of polyethylene insert for revision procedure given the claimant's current clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LT KNEE ARTHROTOMY EXCHANGE OF ARTICULAR INSERT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL INSTITUTE OF HEALTH CONSENSUS DEVELOPMENT PANEL ON TOTAL KNEE REPLACEMENT (TKR)

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: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria in regards to revision implementation, the process in this case would not be supported given the claimant's current clinical picture. At time of the recommendation, the claimant was less than five months from surgical process with no demonstration of imaging finding or physical examination significant for instability or loosening to support the acute need of a revision process. While polyethylene exchange can be performed in certain settings, this claimant's short period of time from previous surgery with physical examination findings demonstrating comfortable motion and no gross imaging supporting acute findings, need for surgical process would not be indicated.

PRE-OP MEDICAL CLEARANCE: 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) , Pre-Operative Testing.

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 2nd Edition (2004); Chapter 7 - Independent Medical Examinations And Consultations, pg 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LOS (LENGTH OF STAY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee And Leg Chapter, Los (Hospital Length Of Stay).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure; Hospital Length Of Stay (Los) Guidelines: Knee.

Decision rationale: CA MTUS Guidelines are silent. Official Disability Guideline criteria would not support the role of inpatient length of stay as the need for operative intervention has not been established. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.