

Case Number:	CM13-0065313		
Date Assigned:	01/03/2014	Date of Injury:	12/05/2006
Decision Date:	06/04/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/13/2013

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 patient is a 68 year old female who was injured on 12/05/2006. The mechanism of injury is unknown. Prior treatment history has included pain medication, physical therapy, massage and trigger point injections. On 09/26/2011 the patient underwent right total knee arthroplasty with computer guided navigation. The patient also underwent left total knee arthroplasty. Diagnostic studies reviewed include Right lower extremity duplex ultrasound dated 10/14/2011 revealing no deep venous thrombosis. A duplex of the lower extremity veins right revealed partially occlusive thrombus at the right common femoral bifurcation. X-ray of the right knee dated 10/02/2013 revealed well fixed total knee arthroplasty with no overt signs of loosening. X-ray of the left knee dated 10/02/2013 revealed well fixed knee arthroplasty with no overt signs of loosening. Progress note dated 10/02/2013 documented the patient to have complaints of severe sharp pain in her right knee. The patient is unable to sleep at night due to the pain. She would like to discuss surgery options. Objective findings on the exam included the patient's gait is antalgic and compensated. Her posture shows increased kyphosis. The knee exam on the right revealed normal alignment, mild swelling, no ecchymosis or effusion. The left knee revealed normal alignment, no swelling, ecchymosis or effusion. There are surgical scars on the anterior knee bilaterally. There is diffuse tenderness with pain in the right knee. The left knee is non-tender. There is normal capillary refill bilaterally. Range of motion active on the right flexion 85 degrees, extension 10 degrees. On the left knee flexion 115 degrees, extension 0 degrees. Muscle testing of all muscles groups on the right was 3/5 and on the left 4/5. There was intact distal sensation. L5 right sensation is increased and L5 left is normal. Valgus stress, varus stress, anterior drawer and Lachman's stability was guarded on the right and negative on the left. McMurray lateral and McMurray medial test on the right guarded and on the left negative. Impression: 1. Right joint stiffness left leg 2. Right obesity NOS 3. Right deep vein thrombosis-

Antepar AME dated 11/14/2013 from [REDACTED] stated: "It is my opinion that the claimant does not have complex regional pain syndrome. She requires right knee revision arthroplasty which may mean polyethylene exchange with the same components in the same position or significant scar tissue removal to loosen up her knee for flexion and extension."

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE REVISION TOTAL KNEE WITH POLYETHYLENE SPACER EXCHANGE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee- Knee Joint Replacement.

Decision rationale: According to the medical records, the patient underwent bilateral TKA, the right TKA on 9/26/2011, which was complicated by Deep vein thrombosis (DVT). She underwent MUA x 2, first in November and then December 2011. According to the most recent follow-up report, dated 10/02/2013, passive and active ROM of the right knee is restricted due to pain. The patient has greater than 90 degrees passive flexion and nearly 90 degrees active flexion. Except for pain medications, there is no documentation of any conservative interventions attempted. The medical records do not indicate a physical medicine/home exercise program is being utilized, in conjunction with non-pharmacologic palliative therapies, such as ice/heat, etc. There does not appear to be recent imaging studies, evidence to substantiate complications with the current TKA, such as loosening or infection, so as to support a need for revision arthroplasty. Given these factors, the medical necessity for revision TKA has not been established.