MAXIMUS Federal Services

Case Number:	CM13-0070117		
Date Assigned:	01/03/2014	Date of Injury:	07/21/2008
Decision Date:	07/28/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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:

Claimant has a reported industrial injury on 7/21/08. Surgical history includes report of right knee arthroscopy on 2/4/09 and unicompartmental knee replacement on the right on 6/28/10. Exam note from 8/8/13 demonstrates report of complex regional pain syndrome with degenerative arthritis of the knee. Physical examination demonstrates a limp. Exam note of 9/5/13 indicates a diagnosis of complex regional pain syndrome and right knee pain with chronic pain syndrome, right knee. Exam note of 11/19/13 demonstrates right knee pain and report of failed unicompartmental knee replacement. Physical examination demonstrates persistent swelling about the knee. Report is noted that there is an antalgic gait. Range of motion demonstrates 0-90 degrees. There is a report of marked medial and lateral instability. No official imaging is given in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operative Medical Clearance.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure (revision right total knee replacement) is not medically necessary, none of the associated services are medically necessary.

Post Operative Physical Therapy 12 visits.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure (revision right total knee replacement) is not medically necessary, none of the associated services are medically necessary.

Revision Right Total Knee Replacement.: 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 Arthroplasty.

Decision rationale: The California MTUS/ACOEM are silent on the issue of total knee replacement.According to the Official Disability Guidelines regarding knee arthroplasty: Criteria for knee joint replacement include conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35. There must also be findings on standing radiographs of significant loss of chondral clear space.The clinical information submitted demonstrates insufficient evidence to support a revision knee arthroplasty in this injured worker. There is no documentation from the exam notes of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted since the index surgical procedure. There is no submitted documentation of imaging demonstrating a failed unicompartmental knee replacement. In addition there is no evidence of treatment for chronic regional pain syndrome which may represent the pain generator for the injured worker's knee complaints. Therefore the guideline criteria have not been met and the determination is the request is not medically necessary.