MAXIMUS Federal Services

Case Number:	CM13-0072056		
Date Assigned:	01/08/2014	Date of Injury:	05/11/2009
Decision Date:	06/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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:

According to the records made available for review, this is a 60-year-old female with a May 11, 2009 date of injury. At the time of the Decision for right knee revision arthroplasty with co-surgeon (December 4, 2013), there is documentation of subjective (right knee pain) and objective (decreased right knee range of motion, positive crepitus, tenderness over the medial and lateral joint line, and decreased strength) findings, imaging findings (x-rays right knee (July 2, 2013) report revealed degenerative marginal osteophyte in the superior pose of the patella), current diagnoses (status post right knee total replacement, residual knee pain, rule out synovitis, and tendonitis right knee), and treatment to date (medications). Medical reports identify that the patient is 6'2" and weighs 300 pounds, with a BMI of 37.5. There is no (clear) documentation of recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and physical therapy); fracture or dislocation of the patella; instability of the components or aseptic loosening; infection; or periprosthetic fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE REVISION ARTHROPLASTY WITH CO-SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Revision total knee arthroplasty.

Decision rationale: MTUS does not address this issue. The ODG identifies documentation of recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and physical therapy); fracture or dislocation of the patella; instability of the components or aseptic loosening; infection; or periprosthetic fractures, as criteria necessary to support the medical necessity of revision arthroplasty. Within the medical information available for review, there is documentation of diagnoses of status post right knee total replacement, residual knee pain, rule out synovitis, and tendonitis right knee. However, despite documentation of subjective findings (right knee pain), objective findings (decreased right knee range of motion, positive crepitus, tenderness over the medial and lateral joint line, and decreased strength), imaging findings (x-rays right knee identifying degenerative marginal osteophyte in the superior pose of the patella), and conservative treatment (medications), there is no (clear) documentation of recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and physical therapy); fracture or dislocation of the patella; instability of the components or aseptic loosening; infection; or periprosthetic fractures. The request for a right knee revision arthroplasty with co-surgeon is not medically necessary or appropriate.