

<b>Case Number:</b>	CM14-0000605		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/23/2006
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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 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 59 year old male who reported an injury to his right knee. QME dated 05/29/07 indicated the patient stating the initial injury occurred when he slipped on a wet pavement and twisted his right knee during a fall in 02/23/06. Upon exam the patient ambulated with a normal gait. The patient demonstrated 0-120 degrees of range of motion. Therapy note dated 09/25/13 indicated the patient completing eight physical therapy sessions to date. Clinical note dated 09/20/13 indicated the patient standing 5'11" tall and weighing 270 pounds which factored to a BMI of 37.65. Therapy note dated 10/14/13 indicated the patient completing 12 physical therapy sessions to date. Clinical note dated 10/24/13 indicated the patient showing moderate effusion throughout the right knee. X-rays of the right knee on 06/12/13 revealed moderate arthritic findings at the lateral compartment and the patellofemoral compartment. The patient was identified as having an oxford type unicompartmental arthroplasty implant. Peri implant lucency was present with possible loosening. X-rays on 06/12/13 indicated current prosthesis appeared intact and in alignment. Moderate tricompartmental degenerative changes were present in the lateral knee. Severe degenerative changes were present in the medial knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SURGERY REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Knee And Leg, Knee Joint Replacement.

**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 Chapter, Arthroplasty.

**Decision rationale:** The request for right knee revision of total knee arthroplasty with or without allograft is not medically necessary. The clinical documentation indicates the patient complaining of right knee pain despite previous arthroplasty. An arthroplasty revision would be indicated provided that the patient meets specific criteria, including the patient identified as having a failed knee arthroplasty based on global knee rating scale and current BMI under 35. No information was submitted regarding confirmation of the failed knee arthroplasty as no global knee rating scale was submitted. The current BMI is has been identified as being over 37.6. Given these factors, this request is not indicated as medically necessary.

**RIGHT SURGERY COMPUTER ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKETEL PROCEDURES: 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 is not medically necessary, none of the associated services are medically necessary.

**RIGHT SURGERY REMOVAL OF IMPLANT, DEEP: 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 is not medically necessary, none of the associated services are medically necessary.

**SURGICAL ASSISTANT: 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 is not medically necessary, none of the associated services are medically necessary.

**FEMORAL NERVE BLOCK WITH SPINAL OR GENERAL ANESTHESIA:** 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 is not medically necessary, none of the associated services are medically necessary.

**REFERRAL FOR CARDIAC 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 is not medically necessary, none of the associated services are medically necessary.

**RIGHT KNEE X RAY 4 VIEWS:** 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 is not medically necessary, none of the associated services are medically necessary.

**POST OP BRACE DYNAMIC KNEE LIGAMENT BALANCING SYSTEM:** 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 is not medically necessary, none of the associated services are medically necessary.

**POST OP FOLLOW UP IN 2 TO 3 WEEKS AFTER SURGERY:** 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 is not medically necessary, none of the associated services are medically necessary.