

Case Number:	CM14-0007494		
Date Assigned:	02/10/2014	Date of Injury:	06/26/1997
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 56-year-old female who was injured on 06/26/1997. The medical records provided for review include a progress report dated 09/12/13 noting ongoing complaints of pain in the left knee and that since the work-related injury the claimant has been diagnosed with osteoarthritis. After undergoing a left total joint arthroplasty in 2012, the claimant did well until a recent mechanical fall resulting in acute complaints of instability. Physical examination was documented to show 0 to 106 degrees of range of motion, no effusion, tenderness medially and an intact surgical incision. The report of plain film radiographs revealed a mobile bearing left knee replacement that was well aligned. There was also documentation of medial collateral ligament laxity consistent with previous MCL injury. The recommendation was made for medial collateral ligament reconstruction with a revision surgical procedure for the total joint arthroplasty. The records did not contain any other imaging reports or any documentation of conservative care. The follow up report of 12/11/13 once again diagnosed the claimant with knee replacement and medial collateral ligament strain and documented physical exam findings of 0 to 125 degrees range of motion and collateral ligament laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT TOTAL KNEE REVISION: 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),

Treatment In Worker's Comp 18th Edition, 2013 Updates, Chapter Knee - Revision Total Knee Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013 Updates: Knee Procedure - Revision Total Knee Arthroplasty.

Decision rationale: California ACOEM and MTUS Guidelines do not address total joint arthroplasty. The Official Disability Guidelines recommend revision total joint arthroplasty if noticeable failure is apparent with functional limitation and documentation of prosthetic failure with instability. The medical records for this claimant document a medial collateral ligament injury as a result of an acute injury. There is no documentation of any conservative care offered for the recent injury to include bracing, therapy, medications, or activity restrictions. The need for revision arthroplasty without documentation of conservative care for a physical examination that is consistent with medial collateral injury cannot be supported as medically necessary.