

Case Number:	CM14-0100810		
Date Assigned:	07/30/2014	Date of Injury:	07/08/1998
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopaedic 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:

This 67-year-old female sustained an industrial injury on 7/8/98. The mechanism of injury was not documented. The patient was status post right total knee replacement in 1999 and subsequent revision in 2001. The 9/12/13 three phase bone scan documented areas of increased activity involving the residual right tibial plateau located adjacent to the tibial component of the right knee prosthesis, more intense than would usually be expected many years post-surgery and felt to represent loosening. The 3/28/14 aspiration culture showed no growth. The 4/18/14 orthopedic progress report cited moderate to severe right knee pain, gradually worsening, with functional limitation. Physical exam documented mild retropatellar crepitation, moderate medial and lateral femoral condyle tenderness, and warmth was present. There was evidence of ligament instability and average laxity typical of a posterior cruciate ligament sparing knee. X-rays demonstrated signs of loosening at the femoral component. Lab findings documented C reactive protein 0.29, sed rate 10, and hemoglobin 8.5., all within normal limits. The diagnosis documented a mechanical complication of an orthopedic implant and prosthetic joint implant failure. The treatment plan recommended total knee arthroplasty revision with implantation of an antibiotic spacer. The 6/10/14 utilization review approved the request for total knee prosthesis but denied the request for revision total knee arthroplasty with implantation of antibiotic spacer as there was no evidence of infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision total knee arthroplasty with implantation of antibiotic spacer: 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 Workers Compensation (TWC); Indications for Surgery, 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) Knee and Leg, Knee Joint Replacement.

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met for the revision total knee arthroplasty. This patient presents with persistent disabling pain and functional limitation that has failed to respond to comprehensive conservative treatment. Workups have been completed with no evidence of infection. The bone scan showed evidence of loosening. The 6/10/14 utilization review denied the request for revision total knee arthroplasty with the implantation of an antibiotic spacer as there was no evidence of infection. The request for removal of the prosthesis was approved. There is no compelling rationale to support the medical necessity of the antibiotic spacer in the absence of documented infection. Therefore, and consistent with guidelines, this request for revision total Knee Arthroplasty with Implantation of Antibiotic Spacer is not medically necessary.