

Case Number:	CM14-0104447		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2008
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

The records for this claimant, whose date of birth is not provided, document an injury date of April 9, 2008. The clinical records provided for review document that the claimant underwent a 2010 knee arthroscopy with partial meniscectomy followed by a left unicompartmental arthroplasty in 2011 with a subsequent postoperative manipulation under anesthesia. Due to failure of the partial implant, a total joint arthroplasty was performed in September 2012. The records document post-operative treatment with physical therapy. There is no reference to imaging studies or physical examination findings. This request is for a left total joint arthroplasty polyethylene exchange, synovectomy; and surgical scar revision due to what the notes characterize as painful, unsightly scarring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Revision TKA Left Plastic Only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Indications for Surgery Knee Arthroplasty.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates Knee procedure-Knee joint replacement.

Decision rationale: The California MTUS ACOEM Guidelines do not provide criteria relative to this request. Under the Official Disability Guidelines, an inpatient revision arthroplasty for the purpose of polyethylene component exchange would not be supported. While the claimant is noted to have continued pain complaints, there is no documentation of imaging, physical examination findings or clinical indication of failure of the claimant's polyethylene plastic component. Due to no supporting documentation for the need for revision arthroplasty, this request would not be established as medically necessary.

Revision of Painful Unsightly Scar,: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: The California MTUS ACOEM Guidelines would not support the role of a surgical scar revision. As noted in the prior answer, the records contain no documentation of current clinical findings that would support revision for a scar that is characterized as unsightly, an elective diagnosis. Due to no supporting documentation of clinical findings to support this portion of the surgery consistent with guidelines criteria, this request is not established as medically necessary.

A Synovectomy Especially Peri Patella: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: The request for total joint arthroplasty is not established as medically necessary. Therefore, the request for synovectomy is not medically necessary.