

Case Number:	CM14-0106133		
Date Assigned:	07/30/2014	Date of Injury:	07/20/2012
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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:

This 55-year-old female cashier sustained an industrial injury on 7/20/12, relative to a trip and fall onto her knees. The patient underwent left total knee arthroplasty in 2009. She had a fall in July 2012 with on-going intermittent knee pain since then. The 1/27/14 treating physician report indicated x-rays showed the patella slightly impinged on the implant but there was good alignment with no tilt. There were no signs of loosening or implant failure. Physical therapy was ordered and 16 visits were provided without improvement. The 5/27/14 orthopedic report cited complaints of left knee pain and giving way. The patient was not using a cane or walker. Physical exam documented tenderness over the medial and patellar joint line, grade 1+ effusion, range of motion 0-120 degrees, 2+ anterior and posterior instability, and grade 4+/5 quadriceps and hamstring strength. The patient was very tender over the pes bursa. There was moderate patella-femoral crepitus with pain. There was 2+ instability with varus and valgus stress at 30 degrees of flexion. X-rays demonstrated well-fixed prosthetic implant with no evidence of loosening. The merchant view showed an undersized patellar implant. A pes anserine injection was recommended and declined by the patient. The treatment plan recommended upsizing the patellar button and increasing the tray size to stabilize the knee. Records indicated that conservative treatment had included medications, exercise and physical therapy. The 7/1/14 utilization review denied the request for left total knee arthroplasty revision surgery as the patient had not exhausted conservative treatment including bracing and pes anserius bursal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty revision surgery.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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. This patient presents with persistent pain and functional limitation that has failed to respond to guideline-recommended conservative treatment. There is no evidence of hardware loosening or indications for infection. Instability is documented with report of an undersized patellar implant. Therefore, this request for Left Total Knee Arthroplasty Revision Surgery is medically necessary.

Three day inpatient stay.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a revision total knee arthroplasty is 4 days. Therefore, this request for three day inpatient stay is medically necessary.