

Case Number:	CM14-0019798		
Date Assigned:	04/28/2014	Date of Injury:	03/24/1997
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 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:

██████████ is a 64-year-old female who was injured on 03/24/97. Records indicate this female was injured in a work related accident and underwent a right total arthroplasty in 2009. Recent clinical assessment on 11/14/13 stated continued complaints of pain about the knee with diminished range of motion from 10 to 75 degrees with no instability or focal tenderness on examination noted. Plain film radiographs demonstrated an increased "posterior tibial slope on the lateral view." Claimant was with a diagnosis of painful arthrofibrosis and revision arthroplasty was recommended for further intervention. Clinical records do not indicate recent forms of conservative care, other forms of imaging, or any laboratory testing for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION, RIGHT, TOTAL KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Knee & Leg Chapter, Knee Joint Replacement, 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 Procedure - Knee Joint Replacement.

Decision rationale: California MTUS guidelines are silent looking at Official Disability Guidelines criteria. The role of revision arthroplasty has not been established. While this individuals noted to be with an increase tibial slope on plain film radiograph, this finding would not support the need for revision arthroplasty. Absence of clinical workup that would include rulling out etiology such as infection, formal imaging demonstrating loosening or malfunction of hardware would fail to support the role of surgical process.