MAXIMUS Federal Services

Case Number:	CM14-0131936		
Date Assigned:	09/10/2014	Date of Injury:	04/13/1991
Decision Date:	10/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 claimant is an 81-year-old male who sustained a vocational injury on April 13, 1991. The medical records provided for review document that the claimant subsequently underwent revision left total knee arthroplasty with salvage hinged knee device, insertion of distal femoral endoprosthesis, resection of remaining distal femoral metaphysis, radical synovectomy with removal of all metallosis tissue of the thigh, knee and tibia and intramedullary canals and anterior knee scar revision with extensive exposure and extended surgical time on July 27, 2009. There is documentation that the claimant underwent EMG/nerve conduction studies on February 20, 2013 that were highly suggestive spinal stenosis, possibly at the L4-5 level. The office note dated July 29, 2014, documented the diagnosis of painful revision left total knee arthroplasty, aseptic in nature, with suspected loose tibial component. The claimant has been on crutches for the previous six months and taking two Percocet per day. Objective findings on examination included an antalgic gait of his left leg, left knee effusion and a healed incision, and range of motion was zero to 90 degrees with a minimal lag. Venous stasis swelling of the lower legs was also noted. Serum blood tests from January 13, 2013 showed a CRP of 0.62, SED rate of 6 and CBC and electrolytes within normal limits. The July 29, 2014, office note documented that x-rays was reviewed that showed the knee joint was properly located and the patella was tracking centrally without tilt. It was noted that the AP view showed radiolucent lines around the proximal tibia. The lateral showed radiolucent lines as well. There had been no change in implant position compared to prior radiographs from January 2013. X-rays were also reviewed from [redacted] and compared to x-rays from 2002, 2013 and today and show stable osseointegration and no radiolucent lines. There was a distal femoral endoprosthesis of 8 centimeters. Tibial implant was still remaining in the same position. There was a progressive radiolucent line seen in the distal aspect of the stem on the tibia that showed widening.

Compared to prior radiographs, there has been no settling of the implant. Aspiration of the left knee was performed and determined to show 1+ polymorphonuclear leucocytes, no bacteria and no growth within three days. There was no fungus isolated up to that point. There were no acid fast bacilli seen. There were no anaerobes isolated. This request is for revision left total knee arthroplasty with a hinged prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous duplex scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Venous thromboembolism diagnosis and treatment, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Jan. 90p. (216 references)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) Page(s): 12. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503

Decision rationale: Based on California ACOEM guidelines the request for a preoperative venous duplex scan would be supported. This individual is with a need for a revision arthroplasty to the knee. The claimant has been immobile due to the symptoms associated with the failed knee implant. Preoperative assessment of claimant's venous system to rule out a potential thrombolytic event prior to operative process would be supported. The test would also serve as a baseline assessment of claimant's venous system for post-operative care as well. Therefore, this request is medically necessary.