

Case Number:	CM14-0133153		
Date Assigned:	09/22/2014	Date of Injury:	01/13/2010
Decision Date:	11/05/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/20/2014

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:

59 year old male claimant with a reported industrial injury on 1/13/10. Exam note 3/25/14 demonstrates report of right knee pain. Report states that a 3 phase bone scan demonstrates no evidence of loosening of the prosthesis. Exam demonstrates mild swelling with no inflammation or evidence of infection. Minimal discomfort is noted of the knee with range of motion 5-100 degrees. 5-/5 strength is noted. Exam note 7/15/14 demonstrates range of motion from 5-85 degrees. Pain, crepitus and guarding are noted. Radiographs from 4/22/14 demonstrate no evidence of loosening. Request is made for revision right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery revision total arthroplasty, of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding Knee arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty, Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. Revision total knee replacement should have imaging evidence of loosening, fracture or infection. The clinical information submitted demonstrates insufficient evidence to support a revision knee arthroplasty in this patient. There is no evidence of loosening, fracture or infection from the 3 phase bone scan and aspirate of the right knee. The radiographs of the knee from 4/22/14 are negative for loosening or other periarticular pathology. Therefore the guideline criteria have not been met and the request therefore is not medically necessary.

In-patient stay for three days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Pre-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Home care physical therapy 3 a week x 2 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Home care nursing for two times a week for two weeks for evaluation, medication intake and vitals: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary