

<b>Case Number:</b>	CM14-0137744		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Surgeon 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 injured worker is a 50-year-old female who reported an injury on 09/01/2010 due to a fall. The injured worker failed conservative treatment and ultimately underwent left knee arthroplasty. The injured worker was evaluated on 01/17/2014. It was documented that the injured worker had persistent left knee pain following surgical intervention and underwent a corticosteroid injection that provided good relief. It was also provided within the documentation that the injured worker underwent postsurgical physical therapy. The injured worker was evaluated on 06/04/2014. It was documented that the injured worker had persistent left knee pain complaints following surgical intervention. It was noted that the injured worker had been using a knee brace and medications for pain control. The physical examination findings included a morbidly obese patient with an antalgic gait favoring the left side with the use of a cane. There was tenderness to palpation of the medial joint line of the right knee and generalized tenderness to the left knee. Range of motion of the left knee was described as -7 degrees to 60 degrees from extension to flexion. It was noted that the injured worker had a BMI of 44.6. A recommendation was made for re-evaluation by the injured worker's surgeon to evaluate why the injured worker was having a recurrence of symptoms. A request was made for a left knee revision and arthroplasty but no justification for the request was submitted. A Request for Authorization Form for surgical intervention was also not submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee revision arthroplasty, with assistant surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Section: Knee

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The request for left knee revision arthroplasty with assistant surgeon is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine (ACOEM) recommends surgical intervention for knee injuries when there are significant functional limitations supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does support that the injured worker has had postsurgical treatment to include aquatic therapy, physical therapy, injections, and a knee brace. However, the clinical documentation indicates that the injured worker has persistent pain complaints. The clinical documentation failed to provide an updated imaging study to identify pathology that would require surgical intervention and arthroplasty revision. In the absence of this information, the appropriateness of the request cannot be supported by guideline recommends. As such, the request for left knee revision arthroplasty with assistant surgeon is not medically necessary or appropriate.

**Home physical therapy, six visits:** 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.

**Outpatient physical therapy, twelve visits:** 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.

**Post operative: raised Toilet seat:** 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.

**Postoperative front wheel walker:** 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.