MAXIMUS Federal Services

Case Number:	CM14-0142733		
Date Assigned:	09/10/2014	Date of Injury:	03/30/1998
Decision Date:	11/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 is a 66-year-old gentleman who was injured at work on 03/30/98. The clinical records provided for review specific to the claimant's right knee included the progress report dated 08/05/14 describing continued complaints of pain in the bilateral knees and that the claimant was status post bilateral total knee replacements. The progress report documented intermittent complaints of pain in the right knee with instability. Physical examination of the right knee showed range of motion from zero to 115 degrees, mild collateral ligament laxity, and no discernible tenderness. The claimant's working assessment was failed right total knee arthroplasty with increased instability due to polyethylene wear. Revision arthroplasty was recommended. The report of previous radiographs taken in March 2014 showed stable position of the bilateral total joint arthroplasties with possible right knee patellar subluxation. There was no documentation of further imaging studies or laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total Knee Arthroplasty: Upheld

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 Chapter: Knee joint replacement: revision.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for revision right total knee arthroplasty is not recommended as medically necessary. The medical records do not contain any documentation or evidence of imaging identifying polyethylene wear as diagnosed by the treating provider. There is no indication of laboratory testing or infectious work up for this individual with progressive knee pain complaints. Without the above-mentioned documentation, the request for Right Total Knee Arthroplasty in this otherwise healthy individual cannot be supported and is not medically necessary.