

<b>Case Number:</b>	CM14-0164453		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	04/03/2003
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 case involves a 62-year-old male who sustained an industrial injury on 4/3/03. The mechanism of injury was not documented. Past surgical history was positive for right total knee replacement on 1/17/12, revision right total knee replacement on 9/11/12, right knee arthroscopy/synovectomy on 5/20/13, right knee implant removal and spacer placement on 6/26/13, right knee re-implantation on 9/10/13, and right knee patella realignment, medial reefing, lateral release, and complete synovectomy on 2/27/13. Post-operative progress reports indicated that the patient had a lot of scar tissue and catching at about 30 degrees along the medial joint line of the right knee in the area of the medial reefing and medial capsule repair. There was point tenderness along the medial joint line with prolonged standing, walking or when he first gets up from a flexed or seated position. X-rays were reported satisfactory. The 9/23/13 treating physician report cited continued right knee pain and discomfort. There was pain with extension, rotation, and prolonged standing/walking. He was status post a couple of revisions of his knee components, liner exchange, synovectomy, and removal of prosthesis for infection. The treating physician opined concern whether surgery would help him much. The treatment plan was to get a second opinion involving his right knee and perhaps consider an arthroscopic evaluation to see how his patella tracks. In addition, do a synovectomy and removal of scar tissue first before considering anything major. The 9/29/14 utilization review denied the request for right knee surgery as there was no documentation that the injured worker was getting a second opinion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy / synovectomy / removal of scar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, pages 343-345, 347 and on the Non-MTUS Klinger HM, Baums MH, Spahn G, Ernstberger T. A Study of Effectiveness of Knee Arthroscopy after Knee Arthroplasty, Arthroscopy. 2005 Jun; 21(6):731-8.

**Decision rationale:** The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The California MTUS and the Official Disability Guidelines do not address the use of arthroscopic synovectomy following total knee arthroplasty. The National Guidelines Clearinghouse was referenced. Peer-reviewed literature supports the use of arthroscopic treatment of painful knee arthroplasty with expectations for improvement in function, decrease in pain, and improvement in knee scores for most patients. Guideline criteria have not been met. There is no clear indication from the treating physician that additional surgery will be of benefit for this patient. There is no clear imaging evidence of a surgical lesion. Multiple prior synovectomies have been performed. A second opinion has been recommended. Therefore, this request is not medically necessary.