MAXIMUS Federal Services

Case Number:	CM14-0167452		
Date Assigned:	10/14/2014	Date of Injury:	02/09/2004
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 62-year-old male sustained an industrial injury on 2/9/2004. Injury was sustained when he was carrying a load of plywood and a gust of wind caused him to fall down a hillside. His left foot got stuck in a hole and he was flung forward. Past surgical history was positive for left knee arthroscopic medial meniscectomy and partial anterior cruciate ligament debridement on 5/12/04, left anterior cruciate ligament reconstruction on 3/10/05, left total knee replacement on 1/13/12, and subsequent manipulation under anesthesia approximately 2 months later. Records indicated that he had persistent post-operative left knee pain and recurrent effusions and wore stockings to decrease swelling. There was some increased anterior and posterior play in the knee for which he wore a knee brace. He had not returned to work. The 7/2/14 left knee x-rays impression documented total knee replacement in anatomic alignment with patellar resurfacing. There was an area of heterotrophic ossification anterior to the tibial spine. The 9/13/14 x-ray scanogram bone length study documented leg length 92.4 cm on the right and 82.6 cm on the left. There was very mild right genu varum and mild left genu valgum. There was mild left inferior pelvic tilt. The left total knee arthroplasty was unchanged in alignment with no evidence of hardware complication. The 8/13/14 orthopedic report cited continued and worsening grade 7/10 left knee pain with limited range of motion, worse than before the total knee arthroplasty surgery. He continued to wear a knee brace for instability. Difficulty was reported with walking long distances, stairs, putting on/off shoes and socks, and other activities of daily living. He had tried anti-inflammatories and injections with limited and transient relief. Physical exam documented range of motion 0-95 degrees with minimal joint line tenderness, and 5-10 mm anterior/posterior and varus/valgum stress. There was a slight limp, motor and sensation was intact, and there was no leg length discrepancy. The patient had a malfunctioning left total knee replacement with continued pain and instability. Revision total knee replacement may help with

the instability but may not fully resolve his pain or stiffness. Authorization was requested for revision left total knee replacement. The 10/3/14 utilization review denied the request for revision left total knee replacement as the cause of pain was unknown and revision surgery was unlikely to improve symptomatology. The 10/10/14 treating physician appeal letter indicated that the patient had constant left knee pain with significant functional limitations in activities of daily living and required daily narcotic pain medications. Physical exam documented antalgic gait, increased warmth and slight effusion, range of motion 5-90 degrees, minimal instability on exam, negative anterior/posterior stress tests, and no focal weakness. The knee was painful with any varus or valgus stress. The diagnosis was failed total knee arthroplasty with arthrofibrosis and slight instability. The patient had failed significant physical therapy treatment and self-directed exercise. Appeal of the revision left total knee replacement was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision left total knee replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee Chapter, Revision total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Revision total knee arthroplasty

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met. This patient presents with persistent disabling pain, stiffness, and significant functional limitation. There is no evidence of infection or hardware loosening or failure. Physical exam documented slight instability. Evidence of a reasonable and/or comprehensive conservative treatment trial and failure has been submitted. Therefore, this request is medically necessary.

4 day stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee Chapter, Revision total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hospital length of stay (LOS)

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a revision total knee arthroplasty is 4 days. Guideline criteria have been met for inpatient length of stay up to 4 days, in the absence of complications. Therefore, this request is medically necessary.