

Case Number:	CM14-0024154		
Date Assigned:	06/11/2014	Date of Injury:	06/26/1997
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Texas. 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 56 year old female who reported an injury to her left knee on June 1997. A clinical note dated 07/19/13 indicated the injured worker complaining of knee pain. The injured worker also reported low back pain. Laxity the injured worker had findings of laxity regarding the MCL. Clinical note date was the same note upon exam the injured worker demonstrated decreased range of motion in the low back. A clinical note dated 09/12/13 indicated the injured worker complaining of pain and instability at the left knee. The injured worker stated that the knee tended to give way. The injured worker was identified as ambulating with a limp. Prolonged standing, walking, stair climbing, and getting in and out of her car were difficult to the injured worker secondary to left knee pain. The injured worker demonstrated 0-106 degrees of range of motion at the left knee. Tenderness was identified over the medial side. X-rays of the left knee revealed well aligned and radiographically stable left knee appliance. A clinical note dated 09/13/13 indicated the injured worker previously undergoing x-rays of the right knee which revealed degenerative changes. A clinical note dated 09/25/13 indicated the injured worker being recommended for Synvisc one injections at the left knee. A clinical note dated 10/01/13 indicated the injured worker complaining of moderate to severe levels of pain at the left knee. There was indication the injured worker previously underwent three surgical operations at the left knee. A clinical note dated 12/23/13 indicated the injured worker utilizing Norco, oxycodone, Percocet, and soma for ongoing pain relief. A clinical note dated 01/10/14 indicated the injured worker continuing with weakness at bilateral knees, left greater than right. The Utilization Review dated 02/12/14 resulted in a denial for left total knee revision with a three day injured worker stay as no significant findings were submitted confirming the need for a total knee replacement revision. No information was submitted regarding completion of all conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT LEFT KNEE TOTAL JOINT REVISION WITH 3 DAY STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

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 Chapter, Knee joint replacement.

Decision rationale: The clinical documentation indicates the injured worker complaining of left knee pain despite a previous surgical intervention. An arthroplasty revision would be indicated at the knee provided that the injured worker meets specific criteria, including failure of the original arthroplasty and demonstration of significant findings based on global knee rating scale. No information was submitted regarding findings determined by global knee rating scale or failure of previously implanted hardware. X-rays revealed essentially normal findings with the implanted appliance. As such, the request is not medically necessary and appropriate.