

Case Number:	CM14-0026275		
Date Assigned:	06/13/2014	Date of Injury:	06/26/1997
Decision Date:	07/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	03/03/2014

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:

A 55 year old claimant with report of industrial injury to left knee on 6/26/97 after striking her knee on a desk. Claimant is status post left knee arthroplasty on June 2012. Radiographic report from 9/5/13 demonstrates cemented left total knee replacement with lucency around the anterior and posterior aspects of the femoral component Exam note from 9/13/13 demonstrates report of slight limp with range of motion 0-106 degrees and medial joint line tenderness. Report is made on 9/13/13 of a stable appearing total knee radiograph.

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 (ARTHROPLASTY) REVISION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement or revision knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective

findings including limited range of motion less than 90 degrees. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. The clinical note from 9/13/13 demonstrates a stable appearance. There is no evidence of advanced imaging such as bone scan demonstrating loosening. Therefore the guideline criteria have not been met and the determination is for non-certification.

3 DAY STAY: 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.