

<b>Case Number:</b>	CM14-0028611		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/19/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

The patient is a 66-year-old female who sustained an industrial left knee injury on 10/19/01. The mechanism of injury is not documented. She underwent left total knee arthroplasty on 2/19/13. The 2/10/13 treating physician progress report cited development of patellar clunk syndrome and patellar crepitation. Subjective complaints included significant left knee pain, grinding, and catching. The patient was very guarded with her activities for fear of catching. Symptoms improved significantly after 2 corticosteroid injections but shortly returned. Radiographs showed stable-appearing arthroplasty components in good position and alignment with no gross loosening or failure. There was no osteolysis or radiolucent lines. Right knee physical exam findings documented mild soft tissue swelling and small effusion, range of motion 0-120 degrees, substantial patellofemoral crepitation with distinct patellar clunk with active extension, positive patellar compression and patellofemoral grind tests, lateral laxity with varus stress testing throughout motion, good anterior-posterior stability, and diffuse patellar tenderness. The diagnosis was knee joint pain and synovitis status post total knee replacement. The treatment plan recommended left knee arthroscopy with synovectomy with medical clearance and pre-operative EKG. The 2/18/14 utilization review denied the request for left knee arthroscopy with synovectomy and associated surgical clearance and pre-op EKG as there was no documentation of x-rays, clinical reviews or a differential to define the reported patellar clunk. There was no documentation of a work-up to review possible mal-alignment or a possible aspiration to rule out an infection. The 2/24/14 treating physician appeal note indicated that x-rays had been taken and showed acceptably aligned total knee arthroplasty components. Lab work revealed no evidence for infection and the patient underwent corticosteroid injections with success and no infectious symptoms. The treating physician stated that the patient has a resurfaced patellofemoral joint in total knee arthroplasty with patellar synovitis which is causing mechanical crepitation and

catching in the wide open box of the posterior stabilized knee replacement found in the DePuy PFC Sibma RP total knee replacement. Additional diagnostic studies were ordered to evaluate further for loosening and infection. The 3/12/14 left knee scanogram revealed a well aligned total knee replacement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT KNEE ARTHROSCOPY WITH SYNOVECTOMY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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:** 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. In this case, guideline criteria have been met. Records indicate that work-ups have been completed to rule-out injection or hardware failures. The patient presents with painful patellar clunk and synovitis with positive injection test. The patient has significant pain and mechanical symptoms with functional limitations. Therefore, the request for left knee arthroscopy with synovectomy is medically necessary and appropriate.

#### **SURGICAL CLEARANCE: Overturned**

**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 Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on patient age and the risks of undergoing anesthesia. Therefore, the request for surgical clearance is medically necessary and appropriate.

#### **PRE OPERATION EKG: Overturned**

**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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Females over 50 years have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, the request for pre-operative EKG is medically necessary and appropriate.