

Case Number:	CM14-0030544		
Date Assigned:	06/20/2014	Date of Injury:	08/27/2008
Decision Date:	08/06/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pennsylvania. 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 is a 70-year-old male who sustained a vocational injury on 08/27/08 while working as a corrections officer. The records provided for review document that the claimant has had multiple left knee surgeries, the most recent was a left total knee arthroplasty on 04/26/11. Then in September of 2011 the claimant reported that, while he was stepping on a roof, he felt a slipping sensation of the left knee and noted instability following that injury. The claimant's current working diagnosis is left knee pain status post left total knee arthroplasty. The office note and letter dated 02/24/14 noted hyperextension of the left knee by about 4 to 5 degrees with mediolateral laxity of about 7 to 10 degrees. It was documented that this was progressing and the knee had become more unstable. The report documents no evidence of any infection and no swelling. X-ray report from 06/19/12 of the left knee showed minimal lucency at the bone/cement interface of the tibial component on the lateral view, knee effusion with possible loose body and a suprapatellar bursa. X-ray report of the left knee dated 11/25/13 showed no apparent complications. The report of a bone scan dated 02/14/12 showed positive 3-phase bone scan for the left replaced knee with increased uptake in the periprosthetic surfaces of all three components. Primary differential was loosening versus infection. Laboratory studies on 02/25/12 noted that the CBC, SED rate, and CRP were within normal limits. This request is for left knee exploration tibial liner exchange and synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy (1-2 times per week for 4 weeks): 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 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.

Home health nurse (1-2 times per week for 4 weeks): 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.

Purchase of a walker: 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.

Post operative physical therapy: 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.

Left knee exploration tibial liner exchange and synovectomy: 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 chapter - Revision Total Knee Arthroplasty.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this surgery. Based on the Official Disability Guidelines, the request for revision total knee arthroplasty is not medically necessary. The Official Disability Guidelines support revision total knee arthroplasty if there is recurrent disabling pain and stiffness with functional limitation that has not responded to appropriate conservative nonsurgical management. In addition, revision total knee arthroplasty can also be considered for fracture/dislocation of the patella, instability of the components, or aseptic loosening, infection, or periprosthetic fractures. The records provided for review do not document that the claimant has had any recent or extensive conservative treatment which could include anti-inflammatory drugs, activity modification, home exercise program, formal physical therapy, or injection therapy. Also, one set of x-rays and a bone scan suggest that there is loosening of all the tibial components and the medical records do not describe how only an exploration with tibial liner exchange and synovectomy would alleviate the claimant's ongoing symptoms and abnormal physical exam findings of instability. Therefore, based on the documentation presented for review and the Official Disability Guidelines, the request for a left knee exploration tibial liner exchange and synovectomy are not medically necessary or appropriate.

An assistant Surgeon: 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.

Inpatient stay for 2-3 days: 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.

Preoperative electrocardiogram (EKG): 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.

Preoperative clearance labs: complete blood count (CBC), renal function panel, prothrombin time (PT), partial thromboplastin time (PTT): 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.