

<b>Case Number:</b>	CM14-0030806		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 claimant is a 60-year-old female who was injured on November 2, 2004. The records provided for review indicate current complaints of left knee pain and that the claimant is status post left knee arthroplasty (unicompartmental). The February 19, 2014 follow-up report noted continued left knee pain examination showing range of motion of 0 to 120 degrees, a small effusion and tenderness along the medial joint line. The diagnostic radiographs on that date revealed the medial femoral condyle component without loosening. The radiographs noted narrowing along the tibial plateau consistent with medial compartment arthritis. The claimant's diagnoses are left knee medial compartment arthritis status post unicompartmental arthroplasty. The recommendation was made for revision medial unicompartmental arthroplasty with prior implant removal since the claimant had failed postoperative treatment. No other clinical imaging reports were provided. The postsurgical course of care consisted of intra-articular corticosteroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REVISION OF KNEE JOINT 27446 QUANTITY: 1 (LEFT KNEE REVISION MEDIAL UNICOMPARTMENTAL ARTHROPLASTY WITH ARTHROSURFACE REMOVAL WITH SURGICAL ASSISTANT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), American

Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics. <http://www.aaos.org/about/papers/position/1120.asp>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure: Knee joint replacement

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address revision arthroplasty. When looking at Official Disability Guideline (ODG) criteria, the specific request for revision medial unicompartamental arthroplasty would not be indicated. At present there is no current documentation of loosening, mal-position, or malfunctioning of the previous implant. While the claimant is noted to have continued complaints of "medial arthritis," the revision surgical process would currently not be supported as it is unclear how further surgery would benefit an already well seated implant in the medial compartment. Based on lack of further clinical findings, the specific request for a revision procedure would not be indicated.

**PHYSICAL THERAPY QUANTITY: 16 (4(2X2) POST- OPERATIVE HOME PHYSICAL THERAPY WITH RN EVALUATION AND 12 (2X6) POST-OP AT OFFICE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Home health services Page(s): 51.

**Decision rationale:** The request for revision medial unicompartamental arthroplasty cannot be recommended as medically necessary. Therefore, the request for sixteen home physical therapy sessions and registered nurse evaluations is not necessary.