

<b>Case Number:</b>	CM14-0031577		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/03/2014
<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 Minnesota. 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 61-year old male with a right knee injury of 5/13/2002. He underwent arthroscopy with lateral release and patellar shaving in 2005 and 2007. A patellofemoral unicompartamental arthroplasty was performed in 2010. He complains of knee pain anteriorly and anteriomedial. X-rays show a cemented patellofemoral arthroplasty without evidence of loosening or mechanical failure. There is mild medial joint space loss in both knees. The physical findings include an antalgic gait, tenderness, crepitus, range of motion 0-110, and no tibiofemoral instability. A revision total knee arthroplasty is requested but the current arthroplasty is only patellofemoral. The tibiofemoral joint does not show imaging evidence of osteoarthritis of sufficient degree to warrant a total knee arthroplasty. The issue at dispute is the request for a revision total knee arthroplasty and ancillary services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of right total knee replacement arthroplasty (TKA): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Criteria for Revision total knee arthroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: total knee arthroplasty, revision total knee arthroplasty.

**Decision rationale:** California MTUS does not address the indications for a revision total knee arthroplasty. ODG criteria are therefore used. The request as stated is for a revision of a right total knee arthroplasty. However, the worker currently does not have a total knee arthroplasty and so the request as stated is not correct. The worker does not meet the ODG criteria for conversion to a total knee arthroplasty which include limitation of range of motion to less than 90 degrees, and radiographic evidence of osteoarthritis. Mild medial compartment narrowing is documented in both knees. The range of motion is 0-110 degrees. Based upon the above, the request for a revision right total knee arthroplasty and ancillary services is not medically necessary.

**Certified Physician Assistant (PA-C)/Surgical Assist:** Upheld

**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 Official Disability Guidelines (ODG) Section: Knee, Topic: Total knee arthroplasty, revision total knee arthroplasty

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Postoperative Physical Therapy for 12 visits:** Upheld

**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 Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Preoperative History and Physical (H&P) including electrocardiogram (EKG) and labs:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gyanendra K Sharma, MD. Medscape: "Preoperative Testing" (<http://emedicine.medscape.com/article?285191-overview#a1>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total knee arthroplasty.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**6 sessions of home physical therapy with staple removal:** Upheld

**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 Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**30 day rental of a vascutherm deep vein thrombosis (DVT) prophylaxis unit:** 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) (<http://www.odg-twc.com/odgtwc/knee.htm#Venousthrombosis>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total knee arthroplasty.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Inpatient stay (unspecified):** 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), Length of Stay, Revise Knee Replacement

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total knee arthroplasty

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.