

Case Number:	CM14-0032172		
Date Assigned:	06/20/2014	Date of Injury:	10/19/2001
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopaedic 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:

This 66-year-old female sustained an industrial left knee injury on 10/19/01. The mechanism of injury was not documented. She underwent left total knee arthroplasty on 2/19/13. The 2/10/14 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. There was short-lived significant symptom improvement with 2 corticosteroid injections. 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 2/24/14 treating physician 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 had a resurfaced patellofemoral joint in total knee arthroplasty with patellar synovitis which was causing mechanical crepitation and catch in the wide open box of the posterior stabilized knee replacement found in the DePuy PFC Sibma RP total knee replacement. The 2/24/14 lab studies, including complete blood count, sedimentation rate, and C-reactive protein, were within normal limits. The 3/11/14 utilization review denied the request for left knee arthroscopy with synovectomy based on a discussion with

the provider's office that stated surgery was not yet being requested and no documentation of lab tests, bone scan or CT scan results relative to the status of the total knee arthroplasty. This utilization review approved the requests for pre-op EKG and pre-surgical clearance to move forward towards surgery.

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: Under consideration is a request for left knee arthroscopy with synovectomy. The 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. Guideline criteria have been met. Records indicate that work-ups have been completed to rule-out infection 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, this request for left knee arthroscopy with synovectomy is medically necessary.

Pre-op EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

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. *Anesthesiology* 2012 Mar;116(3):522-38.

Decision rationale: Under consideration is a request for pre-op EKG. 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 factors to

support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-op EKG is medically necessary.

Pre-surgical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

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: Under consideration is a request for pre-surgical clearance. 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 this patient's age and the risks of undergoing anesthesia. Therefore, this request for pre-surgical clearance is medically necessary.