

Case Number:	CM14-0034810		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2000
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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:

This is a 57-year-old female who sustained an injury on 5/8/00. The claimant subsequently underwent a right total knee arthroplasty for which post-operatively she has, unfortunately, developed infection. A 10/25/13 operative report indicates a revision right total knee arthroplasty for irrigation and debridement, synovectomy, complex wound closure, biopsy, and manipulation under anesthesia. The clinical report dated 4/11/14 identifies a second surgery occurred on 2/26/14 for revision arthroplasty with irrigation, debridement, synovectomy, complex wound closure, synovial biopsy, and manipulation under anesthesia. The records indicate that up until the time of surgery the claimant had been treated with intravenous antibiotics and was admitted due to increased edema, tenderness, and redness to the knee. Range of motion was significantly diminished to only 40 degrees of flexion with a large effusion. The current records document that the claimant has a PICC line for intravenous antibiotic administration. This review is for the retrospective request for the procedure performed in February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro right total knee arthroplasty revision, irrigation and debridement, synovectomy, complex wound closure/scar revision, incisional synovial biopsy, manipulation under anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee Indications for Surgery's 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) Knee procedure, Revision total knee arthroplasty.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this surgery. Based on the Official Disability Guidelines, the retroactive request for replacement procedure, irrigation and debridement, and closure performed in February 2014 would be supported. The claimant's clinical presentation at that time indicated significantly diminished range of motion with apparent infection. The procedure was necessary to treatment the infection as recommended by the ODG Guidelines. The need for the revision procedure would also be supported by documentation indicating the claimant's continued use of a PICC line for antibiotic therapy. The role of the above surgical process would be supported.

Inpatient stay 6 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee Indications for Surgery's 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) Knee procedure, Revision total knee arthroplasty.

Decision rationale: The retrospective six day inpatient stay based on the severity of the claimant's condition and surgical treatment would be supported. This individual had undergone previous revision arthroplasty and developed an infection. The role of a six day hospital stay given the claimant's clinical presentation would be warranted per Official Disability Guidelines.