

<b>Case Number:</b>	CM14-0039495		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 52 year old female with a history of obesity, bilateral knee pain, low back pain, occasional neck pain, stiffness, joint swelling, sleep difficulty, and radiographic evidence of osteoarthritis of both knees with slight valgus. The worker underwent a left total knee arthroplasty using a posterior stabilized total knee prosthesis but continues to complain of pain and there is some valgus laxity of the knee. It has never dislocated. The quadriceps is strong and the knee has never given way. The imaging studies do not document any loosening. The patella is slightly tilted laterally but has never dislocated. The CT does not show any hardware failure. A bone scan showed post-operative changes. There is no evidence of any infection in the knee. The range of motion is excellent. Her gait was said to be normal on 02/27/2014. The Physical examinations of 02/13/2014 and 02/28/2014 have revealed different findings. A revision total knee arthroplasty is requested for persisting pain and instability. However, the instability is not documented with stress films.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of left knee total arthroplasty: 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), Knee and Leg Chapter, 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) Knee section, Revision Total Knee Arthroplasty.

**Decision rationale:** The posteriorly stabilized total knee prosthesis is inherently stable. Although there is slight valgus alignment, there is no evidence of loosening at the cement-bone interface on x-rays documented. The patella is slightly tilted laterally but there is no history of dislocation. There is no history of a patellar fracture. The valgus laxity is not causing giving way of the knee. The degree of laxity is not documented with stress xrays. No problems on standing films are reported. The CT shows no evidence of hardware failure. The quadriceps is strong and the gait is normal. No formal Physical therapy or exercise program is documented. There is no evidence of a periprosthetic fracture. There is no evidence of infection. In light of the above the proposed revision total knee arthroplasty does not meet the ODG guidelines for medical necessity.

**Preoperative clearance:** 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)

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

**Postoperative inpatient acute rehabilitation stay at a skilled nursing facility (SNF)  
Postoperative for 2 weeks:** 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)

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

**Outpatient physical therapy three times per week for 4 weeks (following a course of home 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Home physical therapy, 3 times per week for 3 weeks upon discharge:** 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)

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

**3-in-1 commode:** 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)

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

**Cold therapy unit:** 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)

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

**Continuous passive motion (CPM) machine:** 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)

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

**Front wheel walker:** 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)

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

**Crutches:** 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)

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