

Case Number:	CM14-0047350		
Date Assigned:	07/02/2014	Date of Injury:	06/14/1999
Decision Date:	08/26/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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 patient is a 53 year old male who sustained work injury to his left knee on June 14, 1999. The mechanism of injury is not identified in the available records reviewed. Progress notes dated October 29, 2013, November 12, 2013, December 5, 2013, January 9, 2014, February 13, 2014 and February 27, 2014 from the treating orthopedic surgeon were reviewed. Per the utilization review dated March 17, 2014, the patient underwent a right total knee arthroplasty on April 22, 2013 and lysis of adhesions on August 26, 2013. On November 4, 2013 the patient underwent his most recent surgery; the operative reports describe a left knee polyethylene exchange. It is also described in the body of the report that an outside-in lateral release was carried out and the poly was downsized from a 16 to 13. Despite physical therapy and a knee brace, the patient continues to demonstrate instability of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee polythene exchange: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The ACOEM/MTUS does not address total knee arthroplasty revision or polyethylene exchange; however, the Official Disability Guidelines (ODG) support revision total knee arthroplasty as an effective procedure for failed knee arthroplasties based on global knee rating scales. However, the ODG does not specifically address polyethylene exchange. A polyethylene exchange has already been performed on the patient without success. There is insufficient evidence to support another polyethylene exchange. The request for left knee polyethylene exchange is not medically indicated.

Pro-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Physical Therapy X8-12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Inpatient stay X1 day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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