

<b>Case Number:</b>	CM14-0048370		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 claimant is a 62-year-old female who sustained a left knee injury on December 11, 2009. She was diagnosed with osteoarthritis, for which she was treated with a left total knee arthroplasty. Post-operatively, a January 8, 2014, three-phase bone scan showed nonspecific increased blood flow in the left knee compared to the right knee. A progress report dated February 21, 2014, described continued left lower extremity complaints and giving way of the joint. The claimant was noted to have increased pain with range of motion that was limited from 0 to 100 degrees. The records do not reference postoperative imaging studies or recent treatment. A working diagnosis of probable loosening of prosthetic was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRE-OPERATIVE PHYSICAL, LABORATORY TESTS, EKG AND CHEST X-RAY:**

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 & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Worker's Comp, 18th Edition, 2013 Updates: knee and leg procedure Revision total knee arthroplasty.

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