

Case Number:	CM14-0048372		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2009
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	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. This request is for an arthrotomy with revision of the patellar component and a three-day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient x 3 days Arthrotomy with Revision of Patellar Prosthesis.: 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.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, a revision patellar arthroplasty would not be indicated in this case. While the claimant is noted to have subtle, nonspecific findings on bone scan, the reviewed records do not contain reports of imaging studies that demonstrate gross abnormality at the patellar component, which would justify the need for acute operative intervention. The Official Disability Guidelines recommend revision arthroplasty in cases of infection, fracture or dislocation of the patella, or instability. Therefore, the proposed surgery cannot be recommended based on the absence of the above documentation. Because the request for surgical intervention is not established as medically necessary, the request for a three-day inpatient stay is not medically necessary.