

Case Number:	CM14-0065552		
Date Assigned:	07/11/2014	Date of Injury:	10/07/2009
Decision Date:	10/01/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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 59 year old male with a 10/7/09 injury date. The mechanism of injury was not provided. In a follow-up on 3/14/14, it is noted that the patient continues to have left knee pain and subjective stiffness after total knee arthroplasty (TKA). Two months after his original left TKA, he underwent a manipulation under anesthesia to treat arthrofibrosis. Objective findings on 3/14/14 included left knee ROM (range of motion) from 0 to 105 degrees, no pain with palpation over the lateral aspect, and left hip reasonable ROM with diminished internal rotation, and tenderness over the greater trochanter. The provider notes that the last set of left knee x-rays on 12/3/13 show a well-placed total knee replacement in perfect anatomic position. Diagnostic impression: status post left total knee replacement with persistent pain. Treatment to date: left total knee replacement (8/26/13), left knee manipulation under anesthesia (10/21/13), physical therapy, medications. A UR decision on 5/2/14 denied the request for revision TKA on the basis that the underlying diagnosis is unclear and there is not enough objective evidence to justify the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of foreign body, Prospective left knee open removal of scar tissue and poly exchange with two (2) day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Knee joint replacement; AAOS guidelines for total knee revision

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter American Academy of Orthopedic Surgeons (AAOS).

Decision rationale: CA MTUS does not address this issue. ODG states that revision total knee arthroplasty is an effective procedure for failed knee arthroplasties based on global knee rating scales. The AAOS states that a painful knee without an identifiable cause is a controversial indication. Contraindications for revision TKA include persistent infection, poor bone quality, highly limited quadriceps or extensor function, poor skin coverage, and poor vascular status. Results are not as good as with primary TKA; outcomes are better for aseptic loosening than for infections. When infection is involved, successful results occur with a two-stage revision. Failed revisions require a salvage procedure, with inferior results compared with revision TKA. In the present case, the cause of the patient's pain is still unknown, and it is unclear from the documentation whether this pain has been thoroughly worked-up. There does not appear to be evidence of infection, loosening, malposition, or instability. Without a specific diagnosis, revision is not appropriate at this time. The patient's range of motion is limited, but with full extension to 105 degrees flexion, this range of motion is functional and unlikely to improve with revision TKA. Therefore, the request for removal of foreign body, prospective left knee open removal of scar tissue and poly exchange with two (2) day inpatient stay, is not medically necessary.