

Case Number:	CM14-0067622		
Date Assigned:	08/08/2014	Date of Injury:	11/03/1980
Decision Date:	10/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Sports Medicine 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 injured worker is a 59-year-old male who reported an injury on 11/03/1980 due to an unknown mechanism. On 11/03/2008, the injured worker was at a construction site and attempted to avoid some equipment when he stepped onto a wheel chock and his left knee hit against a pipe. In doing so, this caused his knee to go sideways. Diagnoses were multiple injuries on the job leading to an IM rod fusion at the right heel and ankle; chronic sprain/strain of the right knee which was associated with a torn medial meniscal cartilage confirmed by MRI scan. Past treatment has been medications, physical therapy, and multiple surgeries. Bilateral x-ray of knees dated 04/01/2014 revealed probable old fracture with non-union of the patella on the left side; small suprapatellar effusions bilaterally; nothing acute; vascular calcifications. Bone scan dated 06/27/2014 revealed images of the left knee do not suggest prosthetic device loosening or infection. Surgical history was status post left total knee replacement on 08/17/2009. Then left knee revision, patellofemoral joint resurfacing, liner exchange and complete synovectomy 03/17/2011. Physical examination on 08/11/2014 revealed complaints of pain in the right knee and ankle and painful at night. The pain level was rated a 6/10 at rest and a 10/10 with activity. The examination of the right knee and ankle revealed positive McMurray test for a torn meniscus as well as tenderness along the medial joint line. Medications were not reported. The treatment plan requested was for outpatient arthroscopy and meniscectomy of the right knee. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

L Total Knee Revision All Components: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Revision Total Knee Arthroplasty

Decision rationale: The decision for left total knee revision all components is not medically necessary. The Official Disability Guidelines for revision total knee arthroplasty is recommended for failed knee replacement or internal fixation. Prostheses are generally very durable; however, in some cases failure does occur, requiring a revision of the total knee replacement. When assessing the need for revision total knee replacement, conditions such as disabling pain, stiffness, and functional limitation which are unrelieved by appropriate nonsurgical management and lifestyle changes should be considered. Evidence of progressive and substantial bone loss alone is considered sufficient reason to consider revision in advance of catastrophic prosthesis failure; furthermore, fracture or dislocation of the patella, instability of the components or aseptic loosening, infection, and periprosthetic fractures are also common reasons for total knee revision. Criteria for revision total knee arthroplasty are recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella; instability of the components or aseptic loosening; infection, and periprosthetic fractures. The injured worker had bilateral x-rays of the knees that revealed nothing acute and bone scan did not detect prosthetic device loosening or infection. The injured worker did have a positive McMurray test on the left knee. The physical examination does not provide enough evidence to justify a left knee total revision all components. Therefore, the request is not medically necessary.

Inpatient (2x3 Days): Upheld

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

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.

Pre Operative Electrocardiogram (EKG): 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.

Pre Operative 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.

Labs Complete Blood Count: 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.

Labs: Renal Function Panel: 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.

Prothrombin time Test: 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.

Partial Thromboplastin Time Test: 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.

Post Operative Home health Nurse (x1-2 per weeks x 4 weeks): 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.

Home Physical Therapy x1-2 x 4 weks (4-8) hm: 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.

Walker: 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.