

Case Number:	CM14-0084660		
Date Assigned:	07/21/2014	Date of Injury:	10/28/2007
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 61 year old male who sustained an industrial injury on 10/28/2007. He is status post right Total Knee Arthroplasty (TKA) on 11/05/2012. According to Primary Treating Physician (PTP) follow up evaluation dated 5/9/2014, the patient complains of frequent low back pain rated at 6-7/10. He complains his low back pain is increased due to his right knee condition and having to alter his gait. He complains of constant right knee pain traveling to the lower extremity, rated 7-8/10. He notes pain is worsening. He experiences painful clicking, the knee swells easily and feels hot. He also complains waking during the night due to pain, symptoms of anxiety, and difficulty walking. Pain is reduced with rest and ice. He has been receiving medication and elevating the knee to decrease swelling. Physical examination documents patient is overweight, height 6'1", weight 262, blood pressure 151/85 (takes blood pressure medications), visible scar from TKA, ambulates with cautious and guarded gait with limp, unable to fully flex and extend. Reflexes are normal, palpation reveals non-specific tenderness at the right knee, unable to squat/tip toe/duck and heel walk, and range of motion of 110 flexion, 0 degree extension, 10 degrees internal/external rotation. Diagnosis status post right total knee replacement in 2012. Recommendations are for lab tests, CT scan of the right knee, and removal of scar tissue.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Knee and Leg, Computed Tomography.

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

Decision rationale: According to the Official Disability Guidelines, CT scan is recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) Assessing rotational alignment of the femoral component; (4) Detecting subtle or occult periprosthetic fractures. Three-dimensional CT is not recommended for routine preoperative templating in TKA. It is appreciated that the patient has documented ongoing complaint of knee pain, with painful clicking and difficulty walking due to increased pain. The medical records do not document the result of any recent post-operative radiographs of the right knee. In which case, CT scan would not be considered a valid option in the absence of recent negative radiographs. Therefore, the medical necessity of CT scan has not been established.

Full length, weight bearing right leg x-ray (femur head to ankle center): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Radiography (X-Rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Radiography (X-Rays).

Decision rationale: According to the CA MTUS ACOEM guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The patient has documented complaints of persistent pain about the right knee, status post TKA in November 2012. He describes painful clicking and difficulty walking. Examination reveals antalgic gait and inability to squat, heel/toe walk. Revision of the TKA is being considered. In this case, obtaining updated radiographs of the knee is appropriate and consistent with the evidence based literature. The medical necessity of the request has been established.

Pre-operative laboratory test: C-reactive protein, sedimentation rate, complete blood count, creatinine, and right knee joint aspiration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Pre-Operative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Pre-Operative Testing, General.

Decision rationale: The guidelines state preoperative testing is often performed before surgical procedures. The medical records do not establish the existence of true surgical lesion of the right knee, as to establish medical necessity for surgical intervention at this point. The patient is recommended to proceed with radiographs of the right knee. Pending the results of that study, further studies, such as CT, or surgical intervention, may be consider. However, at present, the clinical objective findings and diagnostic evidence of a surgical lesion likely to benefit from surgical intervention, has not been established. Consequently, in absence of pending surgery, preoperative lab studies are not medically indicated. In addition, without documented effusion of the knee with failure of non-invasive measures, aspiration is not indicated. The medical necessity of the request has not been established.

Right total knee arthroplasty revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Revision Total Knee Arthroplasty.

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

Decision rationale: The guidelines state revision total knee arthroplasty is an effective procedure for failed knee arthroplasties based on global knee rating scales, and would be recommended for failure of the originally approved arthroplasty. Although pain and antalgic gait has been documented, he has good ROM, and exhaustion of conservative care has not been documented. Furthermore, there is no corroborative diagnostics that substantiate the necessity of this request. The medical necessity for revision TKA has not been established.