

Case Number:	CM14-0090588		
Date Assigned:	07/23/2014	Date of Injury:	10/23/2005
Decision Date:	10/07/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 46 year old female who sustained an industrial injury on 10/23/2005. The mechanism of injury is not provided. She is waiting for authorization for a two part surgical procedure of removal of implants, then replace with TKA; which has not been authorized. A prior peer review dated 5/22/2014 non-certified the requested left knee hardware removal with assistant surgeon, Pre-op clearance in house, and 12 post-operative physical therapy sessions. The medical necessity of the requests were not established. According to the 5/7/2014 progress note, the patient returns for evaluation of her left knee. She has been having severe pain and swelling. She cannot walk more than 10 feet without severe pain in the left knee. She uses a cane and walker. Medications are albuterol, Norco 10/325mg, and Terocin lotion. Examination of the left knee demonstrates tenderness, pain along the hardware site and medial and lateral joint lines, +5 degrees extension, 110 degrees flexion, and otherwise normal examination including normal strength, no instability, and no effusion. Diagnosis is primary localized OA, lower leg. She has a previous left knee high tibial osteotomy. Recommendation is for two-stage procedure with first stage being removal of the left knee hardware, then once completely healed, proceed with TKA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Hardware removal w/assistant surgeon P.A: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hardware implant removal (fracture fixation), Osteotomy

Decision rationale: The CA MTUS ACOEM guidelines state Referral for surgical consultation may be indicated for patients who have:- Activity limitation for more than one month; and- Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Request is for removal of hardware of an existing left knee tibial osteotomy. However, the medical guidelines do not generally recommend hardware removal, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. According to the Official Disability Guidelines, a study to determine whether an osteotomy influences clinical outcome after TKA, in summary this analysis represents the best available evidence on TKA after prior osteotomy, which seems to suggest that osteotomy does not compromise subsequent TKA. The medical records do not include any current/recent diagnostic evidence of a clear surgical lesion. There is no corroborative evidence of a problem in the hardware to warrant removal. The medical necessity of this request is not established and therefore the request is not medically necessary.

Pre-Operation Clearance in house: 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.

12 Post Operative physical therapy sessions: 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.