

Case Number:	CM14-0099009		
Date Assigned:	07/28/2014	Date of Injury:	03/24/1997
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopaedic 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 64-year-old female seamstress sustained an industrial injury on 3/24/97. The mechanism of injury was not documented. She underwent right total knee replacement on 5/4/09. The 7/17/12 treating physician report indicated that the patient was 3 years status post right total knee arthroplasty with complaint that the right knee had become unbearably painful. The patient was still using a cane and occasionally a walker. Physical exam documented range of motion -25 to 85 degrees, pitting edema right leg, mild swelling right leg. X-rays showed a radiolucency under the tibial plate. She reported benefit to modalities and joint mobilization that she could not do at home. The patient was referred to a total joint specialist for further evaluation. The 11/14/13 orthopedic report cited right knee pain that affects activities of daily living and caused sleep disturbance. Physical exam documented antalgic gait, mild generalized swelling, range of motion 10-75 degrees with pain, and no instability. X-rays on 9/6/13 showed a well fixed total knee arthroplasty with no evidence of lysis, loosening or fractures. Alignment was excellent in the AP view but there was slightly increased posterior slope of the lateral view and mild patella baja. Impression was painful right total knee arthroplasty with arthrofibrosis. A revision right total knee arthroplasty was planned. The 5/16/14 orthopedic report indicated that the patient was last seen on 11/4/13 and symptoms had worsened over the last 6 months. Treatment to date included anti-inflammatory medications, bracing and physical therapy. Exam was unchanged with no focal point tenderness or instability. Conservative treatment had not adequately managed symptoms. Revision total knee arthroplasty was recommended. The 6/10/14 utilization review denied the right total knee revision and associated requests as there was no documentation of when the patient completed physical therapy, focal point tenderness, or instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee 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.

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

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have not been met at this time. There is no detailed documentation that recent comprehensive guidelines-recommended conservative treatment had been tried and failed. There is no indication that exercise or physical therapy have been recently attempted. There is no current evidence of component instability or loosening. Mild patella baja was reported. Therefore, this request is not medically necessary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Labs: (CBC, CMP, ESR AND CRP, PT, PTT, INR), MRSA nasal swab, : Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

EKG (Electrocardiography): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

3 Day Post-Op Inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hospital length of stay (LOS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Front wheel walker and 3 in 1 bedside commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bathtub seats, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.