

Case Number:	CM14-0187420		
Date Assigned:	11/17/2014	Date of Injury:	05/24/2004
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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:

66 year old claimant with reported industrial injury of 5/25/04. Exam note from 9/29/14 demonstrates complaints of right knee pain status post manipulation under anesthesia on 6/10/14. Exam demonstrates no deformity with right knee incision healing well. Claimant is status post left total knee replacement on 6/10/14. Exam demonstrates range of motion on the left of 5-65 degrees with pain. Radiographs from 8/28/14 demonstrate well placed total knee components with no evidence of fracture of loosening. Left knee CT scanning demonstrates appropriate tibial and femoral component external rotation with no radiographic evidence of loosening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision (L) total knee replacement with inpatient stay times 6 days: 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 (Acute and Chronic)

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, Knee arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of revision total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty the criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a revision knee arthroplasty in this patient. There is no documentation from the exam notes from 9/29/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes radiographic loosening or failure. Therefore the guideline criteria have not been met and the request is not medically necessary.