

<b>Case Number:</b>	CM14-0202200		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal 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 patient is a 65 year old male, plumber with an injury date of 01/01/2001 from lifting a 100 pound machine that resulted in right knee pain, clicking and popping noises and swelling. He complains of constant aching, throbbing and shoulder pains with numbness, right side greater than left. The patient walks with an antalgic gait. Pain is stated to be a 6-7 out of ten. On 01/30/2012, the patient stepped on the edge of a curb and inverted his right ankle and fell. The patient has been treated with anti-inflammatory and pain medications, physical therapy, massage, ultrasound, electrical stimulation, rest, ice, exercises, stretching, whirlpool and pool therapy, and a knee brace for the right knee. X-rays of the right knee revealed that the patella was 'out of place.' On 06/27/2003 the patient underwent a right total knee replacement and revision of right total knee 10/31/2013. The patient continues to experience limited range of motion in the right knee. 4/15/2005 the patient underwent manipulation under anesthesia with no noted benefit. The patient's diagnosis is status post right total knee arthroplasty revision and left knee tricompartmental arthropathy, moderately severe. Utilization Review dated 11/11/2014 denied requested unknown right knee re-evaluation and treatment per ACOEM and Official Disability Guidelines, Knee & Leg (Acute & Chronic) as there is no evidence of prosthesis failure of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown referral for Right Knee re- evaluation and treatment: Upheld**

**Claims Administrator 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**Decision rationale:** Pursuant to the ACOEM, unknown referral for right knee the evaluation and treatment is not medically necessary. A surgical consultation may be indicated for patients who have activity limitation for more than one month and failure exercise programs to increase range of motion and strength of musculature around the knee. In regards to a total knee arthroplasty revision, 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 compliments or aseptic loosening, infection and peri-prosthetic fracture are also common reasons for total knee revision. In order for a knee surgery consultation to be medically necessary, the patient/injured worker must meet the criteria per the guidelines. In this case, the injured worker's working diagnoses are status post right total knee arthroplasty revision, with postoperative pain; and left knee lateral compartmental arthroplasty, moderately severe. The subjective complaints indicate the injured worker has continued complaints of bilateral knee pain. There is tenderness along the medial joint line with deep flexion. There is no swelling, warmth, redness or instability noted. There is no clinical documentation of prosthesis failure. Consequently, after the appropriate clinical indication, the request for referral Right Knee re-evaluation and treatment is not medically necessary.