

<b>Case Number:</b>	CM14-0204515		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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, has a subspecialty in Sports 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 t

### 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 injured worker is a 59-year-old male who reported an injury on 05/23/2014. The mechanism of injury was a fall. His diagnoses were noted to include status post left knee sprain and osteoarthritis of the left knee. Past treatments were noted to include medication, therapy, and surgery. An official x-ray of the left knee, performed on 06/06/2014, noted to reveal postsurgical changes and no evidence of acute bony abnormality. Surgical history was noted to include a left knee arthroscopic surgery and medial compartment condylar knee arthroplasty on an unspecified date. On 10/23/2014, it was noted the injured worker had pain to the anterior and lateral aspects of his left knee. He reported he was unable to kneel or squat secondary to pain, and his ability to perform activities of daily living involving weight bearing were limited. Upon physical examination, it was noted there was a small effusion present and his range of motion to his left knee measured 5 degrees on extension and 120 degrees on flexion. It was noted there were negative Lachman's and posterior drawer tests. His medications were noted to include diclofenac and tramadol. The treatment plan was noted to include surgical intervention. A request was received for revision of left partial knee replacement to total knee arthroplasty and associate surgical service: assistant surgeon, as the injured worker had continued pain and failure to respond to treatment. The Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of left partial knee replacement to total knee arthroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Joint replacement, Indications of surgery, Knee Arthroplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Revision Total Knee Arthroplasty

**Decision rationale:** The request for revision of left partial knee replacement to total knee arthroplasty is not medically necessary. According to the Official Disability Guidelines, the criteria for revision total knee arthroplasty are current disabling pain, stiffness, and functional limitation that has not responded to appropriate conservative treatments, including exercise and physical therapy; fracture or dislocation of the patella; instability of the components or aseptic loosening; infection; and periprosthetic fractures. The guidelines also state that revision total knee arthroplasty is recommended for failed knee replacement or general fixation. The clinical documentation submitted for review indicated that the patient had difficulty with performing activities of daily living and had decreased range of motion to his knee, as well as pain. However, it was not indicated the patient had stiffness or a failed knee replacement. Consequently, the request is not supported by the evidence based guidelines. As such, the request for revision of left partial knee replacement to total knee arthroplasty is not medically necessary.

**Associate surgical service: assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Surgical Assistant

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical Assistant.

**Decision rationale:** The request for associate surgical service: assistant surgeon is not medically necessary. According to the Official Disability Guidelines, surgical assistance is supported for more complex surgeries. The clinical documentation submitted for review did not provide evidence to support the surgical procedure. Consequently, the request for associate surgical service: assistant surgeon is not warranted at this time. As such, the request for associate surgical service: assistant surgeon is not medically necessary.