

Case Number:	CM14-0211142		
Date Assigned:	12/24/2014	Date of Injury:	07/10/2001
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/16/2014

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:

According to the records made available for review, this is a 71-year-old female with a 7/10/01 date of injury, and status post bilateral knee total arthroplasty (undated). At the time (10/27/14) of request for authorization for Revision of left total knee arthroplasty w/wo allograft, left patella revision, lateral release Qty: 1.00, Associated surgical service: CPM post-op use (weeks) Qty: 3.00, Associated surgical service: post-op PT left knee (sessions) Qty: 9.00, Associated surgical service: Lovenox 40mg Qty: 10.00, and Associated surgical service: pre-op clearance to include CXR, EKG, labs Qty: 1.00, there is documentation of subjective (bilateral knee pain worse in left than right knee) and objective (tenderness mostly around the patella and a lateral lying patella, range of motion unchanged) findings, imaging findings (left knee x-rays (undated) report revealed patella tilted on merchant view with osteophyte formation; the remainder of the total knee arthroplasty appears stable), current diagnoses (osteoarthritis left knee), and treatment to date (surgery, medications (including Duexis, Prozac, and Protonix), and left knee cortisone injection). There is no (clear) documentation of recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of left total knee arthroplasty w/wo allograft, left patella revision, lateral release Qty: 1.00: 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-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Revision total knee arthroplasty

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and physical therapy); fracture or dislocation of the patella; instability of the components or aseptic loosening; infection; or periprosthetic fractures, as criteria necessary to support the medical necessity of revision arthroplasty. Within the medical information available for review, there is documentation of a diagnosis of osteoarthritis left knee. In addition, given documentation of imaging findings (left knee x-rays identifying patella tilted on merchant view with osteophyte formation), there is documentation of instability of the components. However, despite documentation of subjective findings (left knee pain), objective findings (tenderness mostly around the patella and a lateral lying patella, range of motion unchanged), and conservative treatment (cortisone injection and medications), there is no (clear) documentation of recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and physical therapy). Therefore, based on guidelines and a review of the evidence, the request for Revision of left total knee arthroplasty w/wo allograft, left patella revision, lateral release Qty: 1.00 is not medically necessary.

Associated surgical service: CPM post-op use (weeks) Qty: 3.00: 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.

Associated surgical service: post-op PT left knee (sessions) Qty: 9.00: 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.

Associated surgical service: Lovenox 40mg Qty: 10.00: 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.

Associated surgical service: pre-op clearance to include CXR, EKG, labs Qty: 1.00: 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.