MAXIMUS Federal Services

Case Number:	CM15-0003910		
Date Assigned:	01/14/2015	Date of Injury:	03/24/2011
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 42-year-old female who reported injury on 03/24/2011. Other therapies included a steroid injection and physical therapy. The injured worker had a total knee replacement on 10/27/2011. Other therapies included physical therapy. The mechanism of injury was repetitive stress injury. Prior conservative treatments included oral medications, acupuncture, physical therapy, and an exercise program. The injured worker underwent a right knee surgery on 10/27/2011. The injured worker was noted to have a surgery 14 years prior to 2011, and the injured worker indicated she believed it was a meniscal repair. The surgical intervention on 10/27/2011 was a patellofemoral unilateral compartment arthroplasty. The injured worker underwent a manipulation under anesthesia on 03/08/2012. The injured worker underwent x-rays of the right knee on 07/11/2013, which revealed orthopedic appliance in place, otherwise normal radiograph of the right knee. The injured worker underwent a right knee 2 view x-ray on 07/02/2014, which revealed patellofemoral joint arthroplasty and proximal tibia surgical changes. There were no findings to suggest hardware loosening was evident. 2 screws were present in the proximal tibia inserted anteriorly. There was mild spurring of the tibial tuberosity and tibial spines present. There were tiny medial compartment osteophytes present. There was no advanced joint space narrowing or significant joint fluid present. There was documentation of early osteoarthritis. The injured worker underwent an MRI of the right knee without contrast on 07/02/2014 which revealed the exam was limited by metallic artifact from the patellofemoral joint prosthesis. Screws were present in the proximal tibia. There was a lateral tilt of the patella. There was an intrasubstance tearing and degeneration of the anterior

horn of the lateral meniscus. There was no displaced meniscal fragment. There were prominent cystic changes in the intercondylar notch. It was opined that this may be from the tear in the anterior horn of the medial meniscus. Alternately, the documentation indicated it may be the result of a past partial anterior cruciate ligament tear, and there was no cruciate ligament rupture present. There was a small joint effusion. The documentation of 09/08/2014 revealed the injured worker's principal diagnoses included right anterior horn lateral meniscus tear and right patellofemoral trochlear arthroplasty with suspicion of failure of patellar component. The injured worker continued to have pain in her bilateral knees. The physical evaluation revealed the injured worker had breakaway strength of 4/5 on her right knee and her quadriceps and iliopsoas. The strength was 5/5. The injured worker had tenderness to palpation over the bilateral medial and lateral joint line. The injured worker had a positive McMurray's bilaterally and symmetrically. The injured worker had normal sensation to light touch, deep peroneal, superficial peroneal, and tibial distribution. The injured worker had a positive McMurray's, positive Apley's, and positive balance test. The documentation indicated the injured worker had evidence on MRI which suggested there may be loosening or degeneration of the patellar component as well as x-ray findings suggesting the same. The treatment plan included an arthroscopic surgery to address the right tear of the anterior horn of the lateral menisci, and an evaluation of the prosthesis. The physician further documented the status of the prosthesis would be evaluated as the prosthesis was not a prosthesis that was utilized anymore, and there was evidence the patellar component had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of right knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 16 Eye Chapter Page(s): 343-5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee joint replacement

Decision rationale: The Official Disability Guidelines indicate that revision of a total knee arthroplasty is an effective procedure for failed knee arthroplasties and would be recommended for the failure of the originally approved arthroplasty. The MRI presented for review revealed there was lateral tilting of the patella. However, these screws were present in the proximal tibia. The x-ray of the right knee revealed there was no evidence to suggest hardware complication and the injured worker had early osteoarthritis. The physician documented the injured worker had a failure of the patellar portion of the arthroplasty. However, there was a lack of documentation of failure per MRI and x-ray to support this statement. Additionally, there was a lack of documentation on examination that the injured worker had objective findings to support the need for a revision. Given the above and the lack of corroboration, the request for revision of right knee arthroplasty is not medically necessary.