MAXIMUS Federal Services

Case Number:	CM15-0104245		
Date Assigned:	06/08/2015	Date of Injury:	03/18/1997
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 44-year-old male with an industrial injury dated 03/18/1997. His diagnosis was joint pain - left leg. Prior treatment included right knee surgeries, physical therapy, diagnostics and medications. He presents on 05/05/2015 with complaints of right knee pain. Physical exam showed mildly swollen right knee without warmth or redness. There was tenderness in the medial and lateral joint lines. Range of motion was slightly limited. Medications included Cyclobenzaprine, Cymbalta, Lidocaine 5% adhesive patch, Testosterone and Tylenol with Codeine. CT of the right lower extremity dated 10/13/2014 showed right knee osteoarthrosis. MRI or right tibia and fibula dated 03/30/2015 showed no acute osseous abnormality. Electro diagnostic nerve conduction study was normal. The plan of treatment was for a revision of the patello femoral compartment replacement to a total knee replacement. The request is for revision of right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of Right Total Knee Replacement: 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, Knee & Leg (Acute & Chronic), Revision total knee arthroplasty (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on knee revision surgery. ODG knee is referenced. Recommended for failed knee replacement with disabling pain unresponsive to conservative measures as well as progressive and substantial bone loss. Other indications include; fracture, infection, dislocation and aseptic loosening. In this case, the exam notes from 5/5/15 do not demonstrate any of the above reasons for revisions and therefore the request is not medically necessary. Specifically in this case the limitations referenced are not severe.