

<b>Case Number:</b>	CM15-0107726		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/04/2008
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 54 year old male, who sustained an industrial injury on 9/04/2008. Diagnoses include right knee internal derangement and status post right total knee arthroplasty (9/26/2013). Treatment to date has included surgical intervention (per the record 7 knee procedures), epidural steroid injection and medications including Norco, Hysingia ER and compound creams. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported right knee and lumbar pain. Pain is moderate, severe and constant. It is worse when seated and radiates down the right lower extremity. Physical examination of the right knee revealed warmth, a surgical scar with a small open wound and no current drainage. The plan of care included continuation of current medications and pain management follow up. Authorization was requested for open exploration and revision surgery of right total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open exploration & revision surgery of Right TKA (total knee arthroplasty) for Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Revision Total Knee Arthroplasty.

**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 3/24/15 do not demonstrate any of the above reasons for revision as conservative measures have not been documented and infection and loosening have been excluded based off lab evaluation and bone scan respectively. Therefore, the request is not medically necessary.