MAXIMUS Federal Services

Case Number:	CM15-0141727		
Date Assigned:	07/31/2015	Date of Injury:	12/23/2012
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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, Oregon, Washington
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 60 year old male who sustained an industrial injury on 12-23-12. He had complaints of left knee pain. Treatments include: medication physical therapy and surgery. Progress report dated 6-16-15 reports 20 months status post left total knee replacement. The left knee sometimes starts to give with pivoting but no pain is noted and feels great. The right knee does the same. Diagnoses include: advanced degenerative disc disease left knee and status post left total knee replacement. Plan of care includes: request replace plastic liner/insert left total knee replacement and recheck in 12 months with x-ray. Work status was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replace plastic liner/insert for left total knee replacement: 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 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 chapter and

Other Medical Treatment Guidelines published medical literature regarding polyethylene exchange in total knee arthroplasty.

Decision rationale: CA MTUS is silent on the issue of polyethylene exchange in total knee arthroplasty. Alternative guidelines were therefore referenced. The available published medical literature has outlined indications for polyethylene exchange in total knee arthroplasty. Lachiewicz listed indications to include polyethylene wear, infection and instability (J Surg Orthop Adv 2013). Willson et al wrote that isolated tibial polyethylene insert exchange was "for failed TKA is associated with unpredictable outcomes. ITPIE, even with well-defined and narrow indications, should be undertaken with caution. The longer the initial components performed successfully before ITPIE, the greater the likelihood of success after ITPIE." (CORR 2010) ODG (Knee section online version) lists the indications for revision total knee arthroplasty to include: Recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and PT); Fracture or dislocation of the patella; Instability of the components or aseptic loosening; Infection; Periprosthetic fractures. Based on the clinical notes from 6/22/15 this patient does not have recurrent disabling pain, polyethylene wear, fracture, knee instability or an infection. Thus, the proposed surgery is not medically necessary.