

<b>Case Number:</b>	CM15-0142743		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 55 year old female, who sustained an industrial injury on November 5, 2003, incurring left knee pain while working as a skating instructor. She was diagnosed with chondromalacia, post traumatic synovitis, and anterior cruciate ligament tear and underwent left knee arthroscopic surgery with repair of the ligament in June, 2004. The procedure actually worsened her symptoms causing increased pain, numbness and tingling to extend from the knee to the lower back and into the left hip. Treatment included knee bracing, physical therapy, pain medications and home exercise program. Currently, the injured worker complained of increased left knee pain. She noted limited flexion of the left knee and difficulty walking. Magnetic Resonance Imaging of the left knee revealed a large joint effusion, medial meniscus tears, baker's cyst and osteochondritis. The treatment plan that was requested for authorization included left total knee replacement and hardware removal, two day length of stay, preoperative lab work and preoperative cardiology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee, Total Knee Replacement & Hardware Removal: 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 - Total knee joint replacement & hardware removal.

**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 the issue of hardware removal. According to the ODG Knee and Leg, Hardware implant removal, not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. In this case, there is no indication that infection has been ruled out as a cause of continued pain. The request is not medically necessary.

**Associated Surgical Services: Length of Stay (LOS), 2 days:** 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 Services: Preoperative Labwork:** 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 Services: Preoperative Cardiology Consultation:** 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.