

Case Number:	CM15-0168822		
Date Assigned:	09/09/2015	Date of Injury:	04/08/1980
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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 was an 80-year-old female, who sustained an industrial injury, April 8, 1980. According to progress note of January 26, 23015, the injured worker's chief complaint was back and knee pain. There was no physical assessment completed at this visit. The injured worker was diagnosed with failed total knee arthroplasty right knee pain and lumbar spondylarthritis. The injured worker previously received the following treatments diabetes type ii, anemia, osteoarthritis of the left knee, sleep apnea, cervical spondylosis, thoracic degenerative disc disease, Meloxicam, Vicodin, pain management, status right knee prosthesis in 1994 and revision in 2010. The RFA (request for authorization) dated the following treatments were requested right knee revision total knee replacement, x-ray and office visit. The UR (utilization review board) denied certification on August 3, 2015, of the right knee revision total knee replacement was not medically necessary, due to the lack of documentation of conservative treatment. The request for an x-ray was not medically necessary; due to no specific body part was requested. The office visit was denied there were no current examination findings submitted for review and what the office visit was to address.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Revision, 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 & Leg - Indications for surgery - 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) Criteria for Revision total knee arthroplasty.

Decision rationale: According to the Official Disability Guidelines, the criteria for a revision total knee arthroplasty are: 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; and Periprosthetic fractures. Per the provided medical records this patient does not meet criteria for revision TKA. Therefore, the request is not medically necessary.

Associated Surgical Services: X-ray: 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: Office visit: 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.