

Case Number:	CM15-0183404		
Date Assigned:	09/24/2015	Date of Injury:	11/18/1997
Decision Date:	11/25/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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 69-year-old female who sustained an industrial injury on November 18, 1997 injuring her left knee. She had a total left knee arthroplasty 1-8-2005, but in September of 2014 it is reported that her left knee "gave out" causing her to fall and resulting in increased warmth, swelling and pain to the knee. An x-ray taken 10-2014 stated "slight lateral increased joint space" and she was diagnosed with instability in the left total-knee arthroplasty. Recent diagnostic tests have revealed increased blood flow and blood pool, elevated eosinophils to 808, and x-ray 6-17-2015 showed left total knee arthroplasty hardware in place without hardware-related complication. Documented treatment post-surgery is noted as bracing, "unloading the knee," and medication for pain. At the 8-14-2015 visit, pain was reported as ranging between 6 and 9 out of 10; and, activities of daily living were reported as being limited related to using stairs, inclines, walking on uneven surfaces, getting in and out of a chair, and with sudden movement. During a 5-29-2015 orthopedic consultation, the injured worker reported experiencing "giving out of the knee" four times per week, limitations in knee flexion, constant swelling of the knee increasing when weight bearing, pain ranging from 3 to 8 out of 10 described as "aching and burning," knee pain interfering with sleep, intermittent tingling and numbness radiating up and down the leg to the foot. Objective examination by the physician noted increased warmth, slight effusion, grinding over the medial condyle, and anterior and lateral compartment laxity, with range of motion from 6 to 104 degrees of flexion. He noted that the patella could not be moved medially or laterally. She walked with a "moderate" limp in the left, and a "slight giving out of the left knee in the stance phase." The treating physician stated in

the 8-14-2015 note that "there is a significant possibility that there is an allergic response" and his plan of care includes a left total knee revision arthroplasty with a coated prosthesis, including 3-4 day hospital stay, Mobicel crutches, and a Vascultherm rental for 30 days. This was denied on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee revision arthroplasty with a coated prosthesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 do not demonstrate any of the above reasons for revisions. The possibility of allergy is mentioned, but no dermatologic or immunologic testing is provided for review. Therefore, the request is not medically necessary.

Associated surgical services: Hospital stay (3-4 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital of Stay.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Mobicel crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Vascutherm rental x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and Aetna Clinical Policy Bulletin.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.