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| <b>Case Number:</b>   | CM15-0195530 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 03/10/2004 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Illinois, California, Texas  
 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:

This injured worker is a 64-year-old male who sustained an industrial injury on 3/10/04. The mechanism of original injury was not documented. He underwent right total knee replacement on 3/17/08. He reported that he lost his balance and fell onto his right knee while carrying a cashier's drawer at work on 7/20/13 with significant pain and a feeling of loosening. The 5/14/15 treating physician report indicated that x-rays in July 2013 demonstrating early loosening of the tibial prosthesis on x-rays. Right knee pain had worsened over the past six weeks and the injured worker reported that he could feel the prosthesis move. Pain was worse with any movement and disturbed his sleep. Conservative treatment included icing, anti-inflammatory medications, pain medications, and knee sleeve. He denied any signs of infection. He noted swelling after walking. Right knee exam documented swelling, 2+ effusion, medial joint line tenderness, range of motion 10-140 degrees, and negative patellofemoral grind, apprehension, varus/valgus stress, posterior drawer, and Lachman tests. Diagnostic ultrasound of the right knee documented +2 effusion and was otherwise within normal limits. The 5/14/15 bilateral knee weight bearing x-ray showed status post right total knee replacement with normal alignment and minimal 2 mm widening between the bones cement interfaces. The treating physician reported there was x-ray confirmation of lucency around the tibial prosthesis. The 8/19/15 treating physician report cited severe right knee pain and instability. X-rays showed loosening of hardware. The knee made "noises like a bell". He had retired. Right knee exam documented right knee medial and lateral laxity and positive crepitus. Authorization was requested for right knee total knee replacement revision surgery. The 9/9/15 utilization review non-certified the request for right knee total knee

replacement revision surgery as there was no evidence of instability on exam and no evidence of an infection work up.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Knee TKR Revision Surgery: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Revision total knee arthroplasty.

**Decision rationale:** The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met. This injured worker presents with severe function-limiting right knee pain, swelling, and instability. Symptoms have worsened over the past year despite activity modifications, medications, and bracing. Clinical exam is consistent with reported radiographic evidence of component loosening. There are no clinical exam findings suggestive of infection. Therefore, this request is medically necessary.