

<b>Case Number:</b>	CM15-0198659		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Minnesota, Florida  
 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 61-year-old male who sustained an industrial injury on 9-17-2001. A review of medical records indicates the injured worker is being treated for right knee replacement with thinning polyethylene insert, bilateral hip arthritis with left hip replacement, and arthritis of the left knee controlled with Supartz injections. Medical records dated 8-7-2015 noted bilateral arthritis of the knees status post right TKA 5 years ago with polyethylene insert wear. The Supartz injections in left knee were successful in decreasing his symptoms to a tolerable level. There was a grinding sensation. Physical examination showed good range of motion of the knee with full extension and 90 degrees of flexion bilaterally. Condition was noted as unchanged. Treatment has included surgery and injections. Utilization review form dated 9-11-2015 noncertified inpatient exchange of the thinning polyethylene insert of the right knee replacement, inpatient stay, front wheeled walker, and outpatient physical therapy to the right knee. The reason was absence of a Radiology report. The provider has responded by submitting photocopies of standing x-rays including the current films and the old post-operative films demonstrating the difference in the thickness of the poly insert.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient exchange of the thinning polyethylene insert on the right knee replacement:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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: Knee replacement.

**Decision rationale:** The injured worker had undergone a right total knee arthroplasty 5 years ago. The provider has submitted evidence of thinning of the polyethylene tibial insert on the current standing films when compared to the original standing films. This is associated with symptoms. Exchange of the polyethylene insert is recommended. ODG guidelines recommend revision upon failure of the original arthroplasty. Based upon the new evidence submitted, the polyethylene tibial insert exchange is appropriate and medically necessary.

**Associated surgical services: One inpatient day:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Hospital length of stay.

**Decision rationale:** Although the requested procedure is not listed, the best practice target for a revision knee arthroplasty is 4 days and for a total knee arthroplasty 3 days. This procedure is relatively small and one day as requested would be appropriate and medically necessary.

**Associated surgical services: Front wheeled walker, purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: DME: Walking aids.

**Decision rationale:** ODG guidelines recommend walking aids. The injured worker has osteoarthritis of the contralateral knee and will have some difficulty with ambulation after surgery. Therefore, a front wheeled walker is appropriate and medically necessary.

**Associated surgical services: Post-op physical therapy (PT) to the right knee 3 times a week for 4 weeks, outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** California MTUS postsurgical treatment guidelines recommend 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is one-half of these visits, which is 12. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 12 visits, which is appropriate and medically necessary.