

<b>Case Number:</b>	CM15-0207317		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	03/07/1992
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 69 year old female, who sustained an industrial injury on 03-07-1992. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for adhesive capsulitis of the left knee, degenerative joint disease of the right knee, and tendinitis of the right hip. Medical records (06-08-2015 to 10-07-2015) indicate ongoing squeaking and instability of the left knee with swelling and severe pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the left knee, dated 10-07-2015, revealed swelling, tenderness over the patella, and range of motion 0-130 degrees with crepitation. It was noted that the IW had suffered a fracture to the left patella due to a fall on 06-20-2015. Relevant treatments have included: left knee replacement surgery with revision (02-2015), physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that a repeat CT scan of the left knee has not shown any fractures or dislocations. The request for authorization (10-07-2015) shows that the following procedure was requested: arthrotomy debridement with knee revision under fluoroscopy. The original utilization review (10-12-2015) non-certified the request for arthrotomy debridement with knee revision under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthrotomy debridement with knee revision under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic): Incision and Drainage.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Revision total knee arthroplasty.

**Decision rationale:** The injured worker is status post left knee arthroscopy in 1998 and October 25, 2007, status post left knee arthroplasty March 2009 with subsequent manipulation under anesthesia in October 2009, left knee arthroplasty with femoral revision stem (November 10, 2011), left total knee arthrotomy with evaluation of total knee arthroplasty (September 20, 2012), revision left total knee replacement (12/19/2013), evacuation of hematoma, left knee (1/2/2014). She then had another revision of the total knee arthroplasty on February 26, 2015. The documentation indicates that she is diabetic, and there is a history of obesity, fibromyalgia, exostosis of left knee, effusion of left knee joint, adhesive capsulitis, left knee and derangement of left knee. The current request is for a revision arthroplasty. ODG guidelines indicate revision total knee arthroplasty for failed knee arthroplasties. In this case there is no evidence of infection, loosening, instability, broken implant, new fracture or dislocation, or other indications for a failed total knee arthroplasty. The injured worker has had multiple revisions with continuing pain and there is no rationale provided as to why another revision will be successful. A chronic pain syndrome is documented. There is no imaging evidence provided to indicate loosening or a mechanical problem with the implant. There is no documentation of infection. As such, the request for another arthrotomy and revision of the total knee arthroplasty is not supported and the medical necessity of the request has not been substantiated.