

Case Number:	CM15-0026599		
Date Assigned:	02/19/2015	Date of Injury:	07/09/2010
Decision Date:	03/31/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/12/2015

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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 7/9/10, relative to a motor vehicle accident. Past surgical history was positive for bilateral total knee arthroplasties. The patient underwent right total knee arthroplasty on 6/25/13. The 10/23/14 treating physician report cited persistent right knee pain with prolonged standing and walking, and when he sat and rose from a seated position. It bothered him and took him a few steps to get going. He had swelling, inflammation and discomfort. Motion was 0-95 degrees. X-rays showed good alignment with possible micro loosening along the tibial plateau medially, but otherwise everything else appears to track well. A bone scan was recommended. The 12/18/14 right knee bone scan impression documented an abnormal three-phase bone scan indicative of inflammation. Potential diagnostic considerations include prosthetic device loosening and infection. The 1/26/15 treating physician report cited the right knee continued to bother him and was quite symptomatic. He had pain with inflammation. Motion was limited to 0-95 degrees. The bone scan showed some micro loosening of his component or perhaps a low grade aseptic infection. The treatment plan recommended exploration and removal of his components if necessary. If not, synovectomy and tibial liner exchange to a more stable construct may benefit him as well. On 2/6/15 Utilization Review non-certified a right total knee revision versus exploration synovectomy and linear exchange, noting the medical records did not include documentation of failed conservative care and functional deficits. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/12/15, the injured worker submitted an application for IMR for review of right total knee revision versus exploration synovectomy and linear exchange. The

2/20/15 treating physician report cited continued right knee pain with spasms into the lower extremity, calf and foot from his abnormal gait pattern. The knee was quite inflamed and painful with limited motion 0-95 degrees. There was a significant amount of instability around the joint in the medial lateral direction. Surgery was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Clearance, EKG, CBC, Renal Function Panel, PT, PTT: 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), Treatment Index, 11th Edition (web), 2014, Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Assistant Surgeon: 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), Treatment Index, 11th Edition (web), 2014, Low Back, Surgical Assistants

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that

an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27447, there is a “2” in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Right Total Knee Revision vs. Exploration Synovectomy and Linear Exchange: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg, Revision total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. The patient presents with continued function-limiting right knee pain and inflammation. Range of motion was limited and there was significant quadriceps atrophy. The treating physician report has opined micro loosening or an aseptic infection based on bone scan results. Reasonable non-operative treatment, including activity modification, exercise, and medications, has been tried and failed. Therefore, this request is medically necessary at this time.