

Case Number:	CM15-0028215		
Date Assigned:	02/20/2015	Date of Injury:	06/29/2006
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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
 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 71 year old male who sustained a work related injury on June 29, 2006, where he incurred right shoulder and left knee injuries after falling. Treatments included physical therapy, cortisone injections anti-inflammatory medications and pain medications. He was diagnosed with shoulder impingement syndrome and rotator cuff tear and adhesive capsulitis of the right knee. The injured worker had a history of a left total knee replacement in 2009 and two shoulder surgeries. Currently, the injured worker has decreased range of motion and pain in the left knee. Exam note 12/8/14 demonstrates right shoulder flexion of 80 degrees, extension of 40 degrees. Left knee range of motion was noted to be 0-130 degrees with pain. He was treated with cortisone injections and pain medications. On January 22, 2015, a request for a left knee revision surgery was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee revision surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a revision knee arthroplasty in this patient. There is no documentation from the exam notes from 12/8/14 of infection, loosening or other evidence of hardware failure. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no documented BMI in the records submitted. There is no formal workup for septic versus aseptic loosening. Therefore the guideline criteria have not been met and the determination is for non-certification.