

Case Number:	CM15-0214304		
Date Assigned:	11/04/2015	Date of Injury:	08/26/2011
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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 54 year-old female who sustained an industrial injury on 8/26/11. The mechanism of injury was not documented. She underwent right knee medial unicompartmental arthroplasty on 4/24/12. The 6/24/14 right knee x-rays documented a medial hemi-prosthesis and osteopenia. The 12/26/14 right knee MRI impression documented metallic susceptibility artifact obscured the medial compartment. There was trace effusion and a discoid lateral meniscus. The anterior cruciate ligament was intact. The 5/12/15 treating physician report indicated that the injured worker had developed buckling and instability of the right knee, with a give-way episode on 4/9/15. She complained of low back pain radiating down the right lower extremity to the foot, and pain associated with the right knee area. Right knee exam documented normal full weight bearing gait, mild swelling, no prominence of the medial collateral ligament area of the medial femoral condyle, and no laxity. Range of motion was 0-100 degrees. There was diffuse tenderness in the medial collateral ligament area. Cruciate function was intact with negative anterior and posterior drawer sign, negative Lachman maneuver, and no instability to varus and valgus stress testing. Lower extremity neurologic exam was within normal limits. The treatment plan recommended modified work, continued Naprosyn for pain and inflammation, and revision total knee replacement. The 8/7/15 right knee CT scan documented status post unicompartmental arthroplasty right knee with no hardware complication identified. There were mild degenerative changes at the patellofemoral compartment and minimal degenerative changes within the lateral compartment. The 9/15/15 treating physician report indicated that the patient caught her left foot between pallets and fell backwards, hitting her head and causing a loss of consciousness on 7/25/15. She injured her low back and continued to have discomfort

and soreness of the right knee. Right knee exam documented normal full weight bearing gait pattern, no swelling or effusion, no erythema, no laxity and no prominence of the medial collateral ligament area of the medial femoral condyle. Range of motion was 0-125 degrees with mild tenderness. Patellofemoral grind and patellar apprehension tests were negative. Cruciate function was intact with negative anterior and posterior drawer sign, negative Lachman maneuver, and no instability to varus and valgus stress testing. Lower extremity neurologic exam was within normal limits. Lower extremity circumference measurements were equal bilaterally. The treatment plan recommended an aggressive right lower extremity home exercise program for strengthening. She was to continue on modified work. Authorization was requested for right total knee replacement and pre-op clearance. The 10/14/15 utilization review non-certified the request for right total knee replacement and pre-op clearance as there was no imaging evidence of severe arthritis in the lateral or patellofemoral compartments, no indication of any loosening of the medial compartment prosthesis, no ligamentous laxity, and no recent formal conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://odg-twc.com/odgtwc/knee.htm>).

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: Knee joint replacement; Revision total knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. 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 not been met for a revision total knee replacement. This injured worker presents with right knee soreness and discomfort. She is status post right knee medial unicompartmental arthroplasty on 4/24/12. A give way episode was documented on 4/9/15 with increased symptoms. Clinical exam findings do not evidence instability or infection. Imaging does not evidence hardware loosening, failure or breakage. There is no evidence of significant patellofemoral or lateral compartment osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative

treatment protocol trial with physical therapy and exercise, and failure has not been submitted. Therefore, this request is not medically necessary.

Pre-op clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.