

<b>Case Number:</b>	CM15-0050423		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 53 year old male, who sustained an industrial injury on August 31, 1998. The mechanism of injury is unknown. The injured worker was diagnosed as left knee status post total knee replacement with continued pain, weakness and malalignment problems, left knee osteoarthritis and right knee severe osteoarthritis. Treatment to date has included surgery, home exercises, pain management, diagnostic studies and physical therapy. On February 13, 2015, the injured worker complained of bilateral knee pain. The injured worker was status post left total knee replacement. Physical examination revealed a well-healed surgical scar on the left knee. The quadriceps muscles were weak and there was moderate effusion bilaterally. Tenderness was present about the medial and lateral patellofemoral joint on the right and medial and lateral joint line on the left. Crepitus and pain were noted with motion bilaterally. The treatment plan included revision joint replacement of the left knee, right total knee replacement, home exercise program, pain management, compression stockings and injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 1 pain management consultation with [REDACTED] for bilateral knee problems, as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7 - Independent Medical Examinations and Consultations page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the exam note from 2/13/15 does not demonstrate any objective evidence or failure of conservative care to warrant a pain specialist referral. Therefore, the determination is for non-certification. The requested treatment is not medically necessary.

**1 Revision of left total knee replacement, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**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 2/13/15 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. The requested treatment is not medically necessary.