

Case Number:	CM15-0053164		
Date Assigned:	03/24/2015	Date of Injury:	02/06/2007
Decision Date:	05/18/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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 58 year old female, who sustained an industrial injury on 2/6/2007. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having bilateral knee osteoarthritis. Treatment to date has included knee replacement surgery, medications, physical therapy, home exercise program, and urine drug screening. The request is for bilateral knee revision of joint replacement. On 3/5/2015, Utilization Review non-certified the request indicating, no documentation indicating the cause of the injured workers pain, and no-x-ray is noting failure of the arthroplasty. On 2/16/2015, she has continued bilateral knee pain after bilateral knee replacement. The treatment plan included continuation of medications dispensed, continue home exercise program, and request for bilateral knee revision of joint replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee revision of joint replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

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

Decision rationale: ODG guidelines indicate that revision total knee arthroplasty is an effective procedure for failed knee arthroplasties based on global knee rating scales. It would be recommended for failure of originally approved arthroplasty. The documentation provided indicates a history of bilateral total knee arthroplasties, the last procedure was done on the right side on 4/25/14. The injured worker complains of the right leg being longer than the left by 1 inch and there is a valgus of 8. The provider did not find any difference when he measured the leg lengths. She also complains of bilateral knee pain. There is no imaging study indicating malalignment, loosening, or evidence of failure of the total knee arthroplasty. The leg length discrepancy of 1 inch does not necessitate revision surgery but can be managed with a shoe lift. The reason for pain has not been documented. As such, the request for revision of bilateral total knee arthroplasties is not supported and the medical necessity of the request has not been established.