

<b>Case Number:</b>	CM15-0055652		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 52-year-old female who sustained an industrial injury on 9/6/07. Past surgical history was positive for right shoulder subacromial decompression and distal clavicle resection, right carpal tunnel release, right knee arthroscopy, and left knee hemiarthroplasty. She underwent left total knee arthroplasty on 5/10/13. The 9/5/14 orthopedic report indicated that she had undergone arthroscopic surgery to remove scar tissue from the total knee arthroplasty she had done last year. She had noted improvement in left knee range of motion. There was continued left knee pain aggravated with prolonged walking and standing, and continued neuropathic pain from the left hip into her leg and occasionally her foot. Pain was grade 4/10. Physical exam documented left lateral knee tenderness in the popliteal space, range of motion -3 to 120 degrees, and grade 4/10 left quadriceps weakness. The treatment plan recommended acupuncture to reduce left knee pain and improve range of motion. She attended 16 acupuncture visits from 9/19/14 to 11/21/14 with a reduction in left anterior and posterior knee pain. Pain was less severe and she could stand longer and walk easier. The 2/17/15 treating physician report cited anterior knee pain with weakness and stiffness. Lower extremity exam documented atrophy, 4/5 quadriceps and gastroc strength, moderate patellofemoral crepitus, and a 25 degree loss of flexion. The diagnosis was left knee degenerative joint disease severe grade IV chondromalacia patella. The patient was retired. The treatment plan recommended a revision left total knee arthroplasty. The 3/25/15 utilization review non-certified the requests for revision total knee arthroplasty and post-op physical therapy. The rationale for non-certification stated that there were no imaging studies revealing a specific pathology in the left knee and there was limited

documentation of failed conservative treatment since total knee arthroplasty (other than medications).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Revisional Left Knee Total Knee Arthroplasty (TKA): 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) Treatment in Workers Compensation (TWC) and Leg Procedure Summary updated 1/30/15; Criteria for revision total knee arthroplasty.

**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: 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 not been met. This patient presents with persistent left knee pain status post total knee arthroplasty. There are no imaging or x-ray reports provided with this review, and, limited discussion of current findings. There is no discussion of component instability or aseptic loosening, infection, or periprosthetic fractures. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

#### **Post-operative Physical Therapy 2 x 6: 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.