

Case Number:	CM15-0088960		
Date Assigned:	05/13/2015	Date of Injury:	06/24/1997
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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 65-year-old male, who sustained an industrial injury on June 24, 1997. The injured worker previously received the following treatments bilateral knee x-rays, EMG/NCS (electromyography and nerve conduction studies) of the lower extremities, left and right knee surgery, compounded creams and Motrin. The injured worker was diagnosed with chronic pain, irritable bowel syndrome, lumbosacral neuritis, sprain lumbar region and internal derangement of the knee, degenerative joint disease of the left knee. According to progress note of March 13, 2015, the injured workers chief complaint was right hip, right and left knee pain and lumbar spine. The right hip pain was 7 out of 10. The right knee pain was 7 out of 10. The lumbar spine was 6 out of 10. The injured worker walked with a guarded gait with decreased range of motion due to bilateral knee pain. According to the progress note of January 16, 2015, the injured worker had diffuse pain and tenderness with palpation of the right knee. There was tenderness to the right foot and left hip. An x-ray of the right knee obtained and reviewed demonstrated good position of the knee prosthesis on January 13, 2015. The treatment plan included revision right total knee replacement and a preoperative chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of a Right Total Knee Arthroplasty: 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 (Acute & Chronic), Indications for Surgery - 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 Chapter, Total Knee Replacement, Revision.

Decision rationale: The ODG indicates that a revision total knee arthroplasty is an effective procedure for failed knee arthroplasties. The documentation provided does not indicate failure of the original total knee arthroplasty. X-rays show good alignment and no evidence of fracture or loosening of the components. The injured worker complains of low back pain and bilateral lower extremity pain. The documentation provided does not include confirmation of the pain source. A detailed evaluation of the low back particularly from the point of view of radicular pain is not included. X-rays of the hips have not been obtained. There is no imaging evidence of a problem with the total knee arthroplasty. X-rays do not show any loosening and a bone scan has not been performed. There is no evidence of infection. As such, the request for a revision total knee arthroplasty is not supported, and the medical necessity of the request has not been substantiated.

Pre-Operative Chest X-Ray: 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.