

Case Number:	CM14-0156511		
Date Assigned:	09/26/2014	Date of Injury:	11/13/2002
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female with a date of injury of November 13, 2002. The patient has a painful right total knee replacement. The patient had the right total knee replacement in January 2013. 1 year after surgery the patient reported increased right knee pain especially over the proximal tibial region. Physical exam findings include mild anteromedial proximal tibial tenderness. There no signs of infection. Range of motion was 030-90. The patient has been encouraged to lose weight and continue with a home exercise program as well as water aerobics. X-ray shows no evidence of failure of the components, no evidence of loosening no evidence of fracture. Bone scan the right knee showed no evidence of infection or hardware loosening. At issue is whether revision surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery total revision of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Revision total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter, ODG knee pain chapter

Decision rationale: This patient does not meet established criteria for revision total knee replacement. Specifically none of the imaging studies show any evidence of component loosening or infection. There is no documentation of failure of previous total knee replacement. The patient has pain 1 year after total knee replacement without any objective evidence of loosening or infection. There is no evidence of malposition of the components. In addition the medical records do not document was sustained in recent trial and failure of conservative measures. Criteria for revision total knee replacement not met.

Surgery mechanical loosening of right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Revision total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter, ODG knee pain chapter

Decision rationale: This patient does not meet established criteria for revision total knee replacement. Specifically none of the imaging studies show any evidence of component loosening or infection. There is no documentation of failure of previous total knee replacement. The patient has pain 1 year after total knee replacement without any objective evidence of loosening or infection. There is no evidence of malposition of the components. In addition the medical records do not document was sustained in recent trial and failure of conservative measures. Criteria for revision total knee replacement not met.

Physical Therapy Post-Op at home two times a week for three weeks, for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

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

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.

Physical Therapy Post-Op out patient two times a week for eitght weeks, for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

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

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.

Medication post-op for pain, DVT, prophylaxis, bowel management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

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

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.