

Case Number:	CM14-0183053		
Date Assigned:	11/07/2014	Date of Injury:	03/29/2010
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 California. 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:

This 56-year-old male sustained an industrial injury on 3/29/10. The mechanism of injury was not documented. Past surgical history was positive for left total knee arthroplasty on 3/28/10 and right knee manipulation under anesthesia, arthroscopic medial and lateral meniscectomies, synovectomy, chondroplasty, and intercondylar groove debridement on 7/23/13. The patient underwent left knee manipulation under anesthesia on 12/17/13 and completed post-op physical therapy without sustained improvement in symptoms or functional ability. The 5/28/14 left knee x-rays showed a well-seated stable looking total knee replacement. Records from 5/28/14 to 8/21/14 cited continued severe left knee pain, stiffness and weakness with difficulty in weight bearing activities. He also complained of popping, locking, grinding, giving way, and swelling. Pain was rated 10/10 without medications, and reduced to 7/10 with medications. Exam findings documented antalgic gait, ambulation with a cane, tenderness, 4/5 weakness, and range of motion 0-95 degrees. The 9/28/14 treating physician report cited constant left knee pain that was progressively worsening, and right knee and lower back pain. Functional difficulty was noted with prolonged standing, and repetitive kneeling or squatting activities. The patient had manipulation of the left knee with some improvement but unchanged pain. Left knee exam documented antalgic gait with swelling and effusion. The treatment plan recommended authorization for revision left knee total knee arthroplasty. The 10/3/14 utilization review denied the request for left total knee replacement revision surgery due to limited evidence to suggest infection or loosening of the components and no updated imaging or diagnostic reports to support the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement revision surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 08/25/14 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 been met. This patient presents with recurrent disabling pain, stiffness, and functional limitation that has failed comprehensive operative and non-operative treatment. Therefore, this request is medically necessary.