

Case Number:	CM14-0185514		
Date Assigned:	11/13/2014	Date of Injury:	05/24/2004
Decision Date:	12/19/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopaedic 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 5/24/04. Injury occurred when he twisted his left knee hopping over a 2-1/2 foot concrete curb while working as a carpenter foreman. Past surgical history included: left knee arthroscopy with partial medial and lateral meniscectomies and abrasion chondroplasty on 8/13/14; left knee arthroscopy with debridement and partial medial and lateral meniscectomies on 9/15/04; right total knee replacement on 10/7/11; and left total knee replacement on 6/18/13. The 6/11/14 orthopedic report documented persistent pain status post left total knee arthroplasty with no evidence of obvious infection. The patient reported persistent left knee pain, intermittent swelling, and giving way despite conservative treatment, including corticosteroid injection. X-rays and exam findings were consistent with probable impinging synovitis and lateral tracking patella with bone on implant articulation of the lateral facet of the patella. The patient underwent left knee arthroscopy with extensive debridement and synovectomy, lateral release, and manipulation under anesthesia on 7/25/14. The 9/24/14 treating physician report indicated that the arthroscopy, post-op physical therapy, and hinged knee brace did not relieve any of his pain. Pain was reported grade 8-10/10 with standing or walking. The knee occasionally locked on him when in a flexed position requiring him to pull up on the femur to unlock it. Physical exam documented a significant amount of flexion instability of the knee. The treatment plan recommended referral to a knee joint specialist. The 10/22/14 specialist consultation report cited persistent and constant grade 7-10/10 left knee pain, even at rest. Pain was worse with stair climbing, ambulating, squatting and walking long distances. There was minimal swelling, giving way, and left quadriceps weakness. He was using a hinged left knee brace. Physical exam documented 0-120 degrees range of motion, minimal effusion, normal patellar tracking, iliotibial band tenderness, and significant left quadriceps atrophy. There was no laxity with varus or valgus stress in full extension. With 90 degrees of flexion, there was about 2

cc anterior drawer, and firm endpoint with posterior drawer. The diagnosis was left total knee replacement, cruciate retaining status post lateral release with evidence of flexion instability. The biggest issue was the patient's inability to bear weight on the left knee, resulting in pain. Authorization was requested for a left total knee revision. The 11/4/14 utilization review denied the request for left total knee revision as the patient did not fully meet total knee replacement guideline criteria relative to range of motion and, although he had functional limitations, he was able to ambulate using a brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One total left knee revision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 - 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Knee Arthroscopy Section

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 significant persistent pain resulting in functional limitations. There is evidence of flexion instability. Hardware failure and infection have been ruled out. Evidence of comprehensive operative and non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.