

Case Number:	CM15-0119922		
Date Assigned:	06/30/2015	Date of Injury:	07/11/2008
Decision Date:	09/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Indiana, Oregon
 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 was a 61 year old female, who sustained an industrial injury, July 11, 2008. The injured worker previously received the following treatments right knee arthroscopic surgery, Amoxicillin prior to any dental procedure, Colace, Multivitamin, Oxycodone, Voltaren Gel and right knee follow-up x-rays. The injured worker was diagnosed with right knee degenerative joint disease, total right knee arthroplasty and GERD (gastroesophageal reflux disease). According to progress note of June 4, 2015, the injured worker's chief complaint was right knee with continued pain and laxity. The physical exam noted right lower extremity with full range of motion. The right knee x-rays were normal. The prosthesis was in good alignment. There was severe laxity on exam of the right knee. The treating physician's recommendation was to proceed with the liner exchange to decreased laxity of the right knee. The treatment plan included requested authorization for revision of the right knee, liner exchange with surgical assistant, preoperative exam, EKG (Electrocardiography), cold therapy unit and pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Right Knee, liner exchange: 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 & Leg - Knee Joint replacement; Indications for surgery, knee arthroplasty; URL [www.ncbi.nlm.nih.gov/pubmed/23628569].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on knee revision surgery. ODG knee is referenced and state the surgery is recommended for failed knee replacement with disabling pain unresponsive to conservative measures as well as progressive and substantial bone loss. Other indications include; fracture, infection, dislocation and aseptic loosening. While isolated liner exchange may benefit the patient, other causes of continued pain like infection have not been ruled out. The request is not medically necessary at this time.

Surgical Assistant: 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

Preoperative exam: 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

EKG (electrocardiogram) in-office: 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

Cold Therapy unit and pad: 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