

Case Number:	CM15-0123129		
Date Assigned:	07/07/2015	Date of Injury:	03/04/2009
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 66 year old female, who sustained an industrial injury on March 4, 2009. She reported an injury to her low back, left rib cage, left knee and left thigh in a motor vehicle accident. She was diagnosed with multiple fracture of her leg and L3 spine. Treatment to date has included left leg surgery including the placement of two plates and screws into the distal femur of the left leg, lumbar spine surgery, work modifications, physical therapy and medications. Currently, the injured worker complains of left knee pain. She has tenderness to palpation over the anterolateral aspect of the distal thigh and over the medial and lateral joint lines of the left knee. Her left knee has crepitus and a positive grind test. She has decreased muscular weakness of the left lower extremity and ambulates with a limp. The documentation reveals the injured worker was evaluated by an orthopaedic surgeon for surgical removal of her left knee hardware. The diagnoses associated with the request include status post open reduction and internal fixation left distal femur and left knee. The treatment plan includes left thigh and left knee hardware removal with possible replacement of new hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thigh/knee hardware removal, possible replacement new hardware: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee joint replacement.

Decision rationale: The MTUS does discuss indications for knee joint replacement but does not specifically address hardware removal and possible replacement. The ODG discusses in more detail knee joint replacement. "ODG Indications for Surgery - Knee arthroplasty: Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. PLUS4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995) For average hospital LOS if criteria are met, see Hospital length of stay (LOS). See also Skilled nursing facility LOS (SNF)" The medical records fail to discuss any of the above indications. The medical records also fail to discuss the indication for the hardware removal and possible replacement at this time. The provider's notes who is recommending the procedure and will be performing it are not available. At this time, there is no clear cut indication provided for the procedure. As such, the request for Left thigh/knee hardware removal, possible replacement of hardware is not medically necessary.