

Case Number:	CM15-0128140		
Date Assigned:	07/08/2015	Date of Injury:	09/23/1994
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/03/2015

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 is a 50-year-old male, who sustained an industrial injury on September 23, 1994. Treatment to date has included left total knee arthroscopy. The injured worker is one and one-half years' status post left total knee arthroplasty. His evaluating physician notes that he is doing well but has an occasional feeling of his knee giving way. The documentation reveals the injured worker is able to play baseball and coach baseball. On physical examination, the injured worker has a full range of motion of the left knee and reports that he has occasional swelling when he is working out. He has a 2+ drawer and 0 posterior drawer. The medial collateral and the lateral collateral ligaments are stable and have no crepitus. His gait is normal. The diagnoses associated with the request include status post left total knee arthroplasty and pain in joint. The treatment plan includes revision of left total knee arthroplasty with an exchange of liner to an AS bearing with anterior and posterior lifts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee revision: Upheld

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 & Leg (Acute & Chronic), 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.

Decision rationale: CA MTUS/ACOEM is silent on knee revision surgery. ODG knee is referenced. 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. In this case the exam notes do not demonstrate any of the above reasons for revisions. The function is excellent for arthroplasty with the ability to play and coach sports. Based on this, the request is not medically necessary.