

Case Number:	CM15-0177763		
Date Assigned:	09/18/2015	Date of Injury:	04/14/2005
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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, Oregon, Washington
 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 56 year old male who sustained an industrial injury on 4-14-05. According to the medical records he has been treated for right and left knee pain and depression. He had a left total knee arthroplasty on 7-31-12. Progress report dated 8-20-15 reports continued complaints of pain, popping, stiffness and crunching of the knee. CT of the left knee done on 6-3-14 showed the possibility of tibial prosthesis loosening. Second opinion on 5-13-15 recommended debridement of the anterior scarring with arthroscopy. The revision of TKA was denied, discussion today is of arthrotomy of the left knee for removal of the fibrotic tissue to treat the knee pain, stiffness, crunching and popping sensation. Objective findings include: left knee incisions well healed. The right and left knee are mildly tender. Range of motion of the right knee is 0-120 degrees and left knee is 5-95 degrees and is uncomfortable on both sides. Impression: painful left total knee replacement with tibial loosening, compensatory right knee and depression. Plan of care includes: request left knee arthrotomy with fibrotic tissue removal and evaluation for tibial or femoral component loosening and request labs; WBC, ESR and CRP to rule out infectious process. Work status: permanent work restrictions. Follow up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotomy with removal of fibrotic tissue, left knee Qty: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

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

Decision rationale: Per ODG: Criteria for Revision total knee arthroplasty: Recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and PT); Fracture or dislocation of the patella;- Instability of the components or aseptic loosening;- Infection; Periprosthetic fractures. In this case the CT from 6/3/14 shows loosening of the tibial component, thus the proposed surgery is indicated and medically necessary.