

Case Number:	CM15-0178088		
Date Assigned:	09/25/2015	Date of Injury:	02/29/2000
Decision Date:	12/01/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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 64 year old female who sustained an industrial injury on 2-29-2000. The impression is noted as left knee pain, status post total knee arthroplasty. A previous history of hypertension, atrial fibrillation, coronary heart disease-myocardial infarction-2012, hyperthyroidism-Graves disease, and elevated cholesterol is noted. A 6-3-15 progress report notes complaints of more pain in the left knee and while walking her knee bends to far back. The injured worker notes she is not able to walk long and that she has had a few times in which the knee gave away and she fell. In a progress report dated 7-11-15, the physician notes there has been no change in her symptoms since she was last seen and that she continues to complain of pain, weakness and stiffness. It is noted that she had a patellectomy as an adolescent and then a total knee in 2004, revised to a TC3 in 2005. It is reported that currently, she has asymmetry and instability and that some of the instability comes from lack of muscle power due to patellectomy, but some is from imbalance. A 2.5mm difference between the medial side and the lateral side on the x-ray is noted and compared to the old report she has 17.5 mm and this will require she get a 22 mm insert. The physician notes the plan is for a left total knee arthroplasty. Current medications are Baclofen, Coumadin, Levothyroxine Sodium, Metoprolol Succinate, Pantoprazole Sodium, and Spironolactone. Work status is noted as retired. A request for authorization is dated 7-21-15. The requested treatment of knee polyethylene exchange, post-operative physical therapy 3x4 to the left knee, pre-operative electrocardiogram, pre-operative testing: CBC, CMP, PT, PTT, chest x-ray, HgA1c, MRSA nasal swab, pre-operative cardiac clearance, and pre-operative medical clearance was denied on 8-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee polyethylene 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 (ODG) Treatment Index 13th Edition (web) 2015 Knee and Leg--Revision 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 and Other Medical Treatment Guidelines Willson et al CORR 2010.

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 and therefore the request is not medically necessary. CA MTUS is silent on the issue of polyethylene exchange in total knee arthroplasty. Alternative guidelines were therefore referenced. The available published medical literature has outlined indications for polyethylene exchange in total knee arthroplasty. Lachiewicz listed indications to include polyethylene wear, infection and instability (J Surg Orthop Adv 2013). Willson et al wrote that isolated tibial polyethylene insert exchange was for failed TKA is associated with unpredictable outcomes. ITPIE, even with well-defined and narrow indications, should be undertaken with caution. The longer the initial components performed successfully before ITPIE, the greater the likelihood of success after ITPIE. As the requested procedure is noted to be unpredictable, the request is not medically necessary.

Post-op physical therapy 3x4 to the left knee: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op testing: CBC: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op testing: CMP: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op testing: PT/PTT: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op testing: Chest X-ray: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op testing: HgA1C: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op testing: MRSA nasal swab: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op cardiac clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op medical clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.