

Case Number:	CM15-0069125		
Date Assigned:	04/16/2015	Date of Injury:	12/30/2004
Decision Date:	06/30/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: Illinois, California, Texas
 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 65-year-old female who sustained an industrial injury on 12/30/04. The mechanism of injury was not documented. Past surgical history was positive for left total knee arthroplasty on 5/4/04 with revision twice for infection and residual stiffness. The 9/9/14 treating physician report indicated that the injured worker had significant functional limitations. Pain was reported fairly severe most of the time. Records documented body mass index less than 28. The treating physician documented that 3/21/14 x-rays showed a radiolucent line under the anterior femoral suggestive of loosening. The 12/10/14 bone scan findings were reported negative for infection. An indium bone scan was recommended. The 2/3/15 treating physician report documented that the injured worker was seen in the emergency department on 1/29/15 due to severe left knee pain and inability to stand. She had x-rays and was given a knee immobilizer. Current pain was reported grade 7-9/10. She could only walk short distances with a walker. Referral to the orthopedic surgeon was recommended. The 2/20/15 orthopedic consult report cited severe left knee pain. The second opinion concurred that revision surgery was necessary. Lab work was ordered to make sure there was not an occult infection. All lab tests and indium scan were within normal limits. Left knee exam documented no signs of infection. The knee was grossly unstable to anterior and posterior, varus and valgus stress. She had severe pain with range of motion. Range of motion was limited to -15 to 70 degrees. She had 3/5 motor strength with marked atrophy of the left quadriceps. The assessment was gross loosening of the left total knee replacement. There were no signs for infection and she most likely had mechanical loosening of her knee replacement. Because of the multidirectional instability, she will likely

require a rotating hinge type knee replacement. Authorization was requested for revision left total knee replacement. The request is for a left knee revision/replacement, medical clearance, 2-4 day hospital stay, and assistant surgeon. The 3/13/15 utilization review non-certified the left knee revision/replacement and associated surgical requests as the injured worker did not meet criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Revision Replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Knee arthroplasty; Knee & Leg, Knee joint replacement; 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 Leg: Revision total knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met. This injured worker presents with persistent severe and disabling pain and stiffness. Functional limitations are documented. Pain and functional limitations have not responded to reasonable conservative management. Clinical exam findings are consistent with reported imaging evidence of plausible loosening. Infection has been ruled-out. Therefore, this request is medically necessary.

Associated surgical service: 2-4 day hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hospital length of stay (LOS).

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 Leg: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a revision total knee arthroplasty is 4 days.

Guideline criteria have been met for inpatient length of stay up to 4 days. Therefore, this request is medically necessary.

Associated surgical service: Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27487, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.