

Case Number:	CM15-0071044		
Date Assigned:	04/21/2015	Date of Injury:	02/02/2011
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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 62-year-old female who sustained an industrial injury on 2/2/11. Injury occurred when he was hopping out of the back of a pickup truck and her left heel got stuck, causing her to land awkwardly, injuring her right knee and low back. She sustained a right tibial plateau fracture and underwent open reduction and internal fixation on 2/28/11. She subsequently underwent 4 additional right surgeries, including total knee arthroplasty on 4/6/13 and 2 subsequent revisions. The 12/19/14 orthopedic report indicated that the injured worker was status post posterior stabilizing polyethylene exchange for instability on 6/12/14. She did well and was actively working in physical therapy. She reported that she had again developed pain over the anteromedial and anterolateral aspects of the knee, more pronounced with long periods of standing. She did not have much trouble with walking but had some feelings of instability of the knee. Physical exam documented inspection of the right knee incision with no signs of infection. There was tenderness to palpation over the anterolateral aspect of the knee and pes insertion on the anteromedial aspect. Range of motion was 0-125 degrees. She had included quadriceps and full strength at the ankle. There was some lateral ligamentous laxity with valgus stress and flexion instability past 45 degrees of flexion, which resolves when the knee is extended. She walked with a slightly antalgic gait, favoring the right. X-rays showed the implants to be well fixed with no interval change and no signs of loosening or osteolysis. Alignment was maintained with no sign of implant failure. Pain was opined as originating from her lateral flexion instability. Treatment options were discussed relative to revision of the total knee arthroplasty. She underwent anterior discectomy and anterior and posterior fusion at L5/S1

on 2/18/15. The 3/23/15 orthopedic report cited anteromedial and anterolateral right knee pain since September, more pronounced with long periods of standing. She did not have much trouble with walking but had a sensation of instability. Sensation and strength were slightly weak along the tibialis anterior and extensor hallucis longus on the right. There was decreased sensation to light touch on the right knee to the foot. Range of motion was 0-120 degrees. Right knee x-rays were obtained and showed no change in the alignment or position of the right total prosthesis. The 3/23/15 bone length sonogram documented 82.2 cm on the right and 81.4 cm on the left. The treatment plan recommended revision arthroplasty of the right knee. The 4/1/15 utilization review non-certified the request for revision of the right total knee arthroplasty as there was no demonstrated hardware failure, no discussion of quadriceps weakness, and no clear evidence of instability to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Revision Total Knee Arthroplasty Versus Revision of Total Knee Arthroplasty, with or without Allograft - 1 Component: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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 complaints of anteromedial and anterolateral right knee pain, mostly with prolonged standing. There was no functional loss in walking, but a feeling of instability was reported, in spite of prior revision of the liner. There are lower extremity strength deficits but the injured worker had recently undergone anterior/posterior L5/S1 fusion. A reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary at this time.

Inpatient Stay (3-days): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Knee & Leg Chapter).

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: As the surgical request is supported, this request is medically necessary. CA MTUS is not applicable. ODG supports median and best practice target for a revision TKR as being 4 days. Guideline criteria have been met for the requested 3-day length of stay. This request is therefore medically necessary.