

Case Number:	CM15-0075351		
Date Assigned:	04/27/2015	Date of Injury:	07/13/2009
Decision Date:	06/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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 71-year-old male who sustained an industrial injury on 7/13/09. Injury occurred when he slipped on loose gravel, injuring his left knee. He underwent a left total knee arthroplasty, an arthroscopy with lysis of adhesions in 2012, prior scar excision manipulation under anesthesia and exchange of polyethylene plastic in August 201, revision left total knee arthroplasty on 11/13/13, and manipulations under anesthesia in 1/7/15. Post-operative treatment included physical therapy and home Dynasplint. The 3/12/15 treating physician report indicated the injured worker had knee stiffness with limited mobility and difficulty ambulating, despite aggressive post-manipulation physical therapy. Physical exam documented painful range of motion 20-115 degrees, tenderness over the pes bursa, and no indication of instability. Plain film radiographs revealed prior revision procedure with long stem placement and a semi-constrained total joint arthroplasty that was anatomically aligned without hardware failure. The recommendation for continued stiffness was left total knee arthroplasty release and polyethylene exchange, pre-operative internal medicine clearance and post-operative therapy sessions. The 4/2/15 utilization review non-certified the left total knee arthroplasty release and polyethylene exchange with 3 day inpatient stay, and associated surgical requests, as there was no indication of polyethylene wear or mal-positioning of implant that would support the role of a revision procedure or polyethylene exchange.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polyethylene exchange with release, left knee: 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-TWC) 2015 Updates: knee procedure, Knee joint replacement; ODG Indications for Surgery - 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: Hospital length of stay (LOS); Revision total knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines (ODG) 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 not been met. This injured worker presents with persistent right knee stiffness and difficulty ambulating. He is status post revision left knee arthroscopy and subsequent manipulation under anesthesia on 1/7/15. There is no imaging evidence of fracture, instability or hardware failure to support the request for polyethylene exchange. Therefore, this request is not medically necessary.

Preoperative consultation: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative physical therapy 3 times a week for 6 weeks: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Continuous passive motion (CPM) unit, 2-3 week rental:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Continuous passive motion (CPM).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: 3 day inpatient length of stay (LOS): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.