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| Case Number: | CM15-0092448 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 08/31/1997 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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 76-year-old male who sustained an industrial injury on 8/31/97. The mechanism of injury was not documented. Past surgical history was not detailed. Records suggested that he underwent left total knee arthroplasty on 2/14/11. The 12/18/14 left knee x-rays showed degenerative marginal osteophytes of the medial and lateral tibial plateau articular surfaces and the posterior aspect of the patellar lower pole. The metallic femoral and tibial components of a total knee replacement were seen with no specific radiographic signs of loosening. The 3/9/15 left knee CT scan impression documented post-surgical changes with no acute bony abnormality. Findings indicated that there was good alignment of the prosthesis with no evidence for loosening. The 3/12/15 bone scan documented some increase of uptake along the margins of the femoral and tibial components, which could be suggestive of loosening. This was not considered diagnostic of loosening and correlation to CT scan and x-rays was advised. The 2/10/15 treating physician report cited complaints of left knee pain with locking. He felt that his knee moved around. Pain and symptoms had increased with prolonged standing, walking, kneeling, sitting, and climbing. He used a cane on an as needed basis. Physical exam documented lumbar knee range of motion with 5 degrees flexion contracture to 115 degrees of flexion. The knee was stable to varus/valgus stress. There was trace patellofemoral crepitation with medial and lateral joint line tenderness. The diagnosis was failed left total knee arthroplasty. Authorization for revision left total knee arthroplasty was requested. The 3/24/15 treating physician report cited grade 9/10 left knee pain with difficulty kneeling, squatting, climbing, and lifting. He relied on medications for pain and symptomatic relief. Physical exam was unchanged from prior. The diagnosis included failed left total knee arthroplasty.

Authorization was requested for left total knee arthroplasty revision to improve functional capability and provide significant pain relief. The 4/23/15 utilization review non-certified the request for left total knee revision arthroplasty as there was no consistent radiographic abnormality for prosthetic loosening or failure, and no other exam findings or history for prosthetic failure. The request for pre-op internal medicine surgical clearance was non-certified as the associated surgical request had been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Revision Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Knee Joint Replacement (2015).

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 not been met. This patient presents with significant left knee pain with stiffness and functional limitations documented. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is no radiographic or imaging evidence of fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Therefore, this request is not medically necessary at this time.

Pre-Operative Internal Medicine Surgical 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

