
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

IMR Case Number:	CM13-0015516	Date of Injury:	10/04/2001
Claims Number:	[REDACTED]	UR Denial Date:	07/05/2013
Priority:	STANDARD	Application Received:	08/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
1 REMOVAL OF LEFT KNEE SPACER AND KNEE INSERTION AND REVISION OF TOTAL KNEE; 1 PRESCRIPTION FOR FLECTOR PATCH			

DEAR [REDACTED] ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year-old gentleman injured on 10/04/01. Initial mechanism of injury is unclear. Clinical records for review in this case indicate that the patient was with an infected total knee arthroplasty, for which excisional arthroplasty and placement of antibiotic spacer was performed. Unfortunately, recent clinical records are unavailable for review, but it is indicated that the patient has been on a chronic course of IV antibiotics and had a prescription dated 09/05/13 indicating the need for physical therapy for a diagnosis of "status post left knee revision arthroplasty". Clinical records from 2012 clearly indicated an infectious process to the patient's left total knee arthroplasty with serous drainage, erythema, and lack of range of motion. It also indicates that the patient has a history of GI bleed, for which he is now unable to utilize antiinflammatory agents. There is a request form from 07/16/13 certifying the need for removal of antibiotic spacer and revision implementation of total knee as well as recommendations for a certified prescription for Flector patches. No further records are available for review in this case.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. The request for the removal of a left knee spacer and knee insertion, and the revision of the total knee is medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Knee procedures.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines criteria indicate revision arthroplasty would appear warranted. The employee went through a course of care with antibiotic spacer secondary to infected joint arthroplasty. This prior procedure has been previously approved per utilization review. Records would not indicate a contraindication to moving forward with procedure at this time. Spacer removal and revision instrumentation is standard of care for this setting of infection of joint arthroplasty. **The removal of a left knee spacer, knee insertion and revision of the knee is medically necessary and appropriate.**

2. The use of the Flector patches is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS Chronic Pain Guidelines, Flector patches would also appear warranted. The employee is intolerant to oral antiinflammatories secondary to a history of GI bleeding and diverticulosis. This is clearly documented in the clinical records for review. The role of the Flector patches, an alternative to oral medication, would appear warranted at present. **The request for Flector patches is medically necessary and appropriate.**

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0015516