

Case Number:	CM13-0014203		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2012
Decision Date:	03/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/20/2013

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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 57-year-old female who was injured in a work-related accident on 8/13/12. The clinical records specific to the claimant's left knee include an 8/9/13 follow up report with [REDACTED] indicating continued complaints of left knee pain status post a recent corticosteroid injection that only helped for the short term. There continues to be difficulty with examination showing no instability with full range of motion. It states that she was working a light duty job. He indicates that the claimant had failed all non-surgical care with limited activities of daily living with a current diagnosis of underlying osteoarthritis to the left knee. The recommendations at that time were for surgical intervention in the form of total joint arthroplasty. Further documentation of treatment other than corticosteroid injection, however, was not noted. Radiographs available for review showed weight bearing changes to the medial and patellofemoral compartment. As stated, operative intervention in the form of a left total joint arthroplasty was recommended for further treatment in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Left total knee arthroplasty QTY: 1.00: 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) - Treatment in Worker's Comp (TWC): Integrated Treatment/Disability Duration Guidelines, Knee and 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) - Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure - Knee joint replacement.

Decision rationale: The MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of operative intervention to include arthroplasty would not be supported. Guidelines indicate the need for conservative measures to include viscosupplementation injections, medication management, as well as subjective findings of limited motion and nighttime joint pain. The records in this case indicate full function to the knee with limited documentation of conservative care. Given the above, the acute need for operative intervention given the clinical records available for review in this case would not be supported.

hospital stay (in days) QTY: 3.00: 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.

Possible skilled nursing facility (in days) QTY: 7.00: 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 QTY: 4.00: 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

Xarelto 10mg tablets QTY: 10.00: 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

Celebrex 200mg tablets QTY: 30.00: 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

Percocet 5/325mg tablets QTY: 120.00: 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.