MAXIMUS Federal Services

Case Number:	CM13-0014717		
Date Assigned:	01/08/2014	Date of Injury:	11/06/2012
Decision Date:	03/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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:

The claimant is a 61 year old male injured in a work related accident November 6, 2012 specific to the claimant's right knee. The records indicate a previous MRI report of May 14, 2013 that shows a joint effusion with tricompartmental degenerative osteoarthritis and a large degenerative tear to the posterior horn of the medial meniscus. The assessment of August 2013 indicated ongoing complaints of pain about the right knee stating the claimant only saw minimal improvement with viscosupplementation injections. There are continued complaints of pain and discomfort based on failed conservative measures, intervention was recommended in the form of a "partial knee replacement" for further definitive management. The clinical records in regards to the underlying osteoarthritic change are not noted. Other than the MRI scan there are no current or recent imaging available for review. Conservative measures include activity modification, medications, and corticosteroid and viscosupplementation procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right partial knee replacement: 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);, Surgery, Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure.

Decision rationale: The MTUS Guidelines are silent when looking at the Official Disability Guidelines criteria a partial knee replacement procedure is not indicated. The records for review include imaging that demonstrates advanced tricompartmental degenerative change which would not be indicative of the need for partial knee replacement procedure. Based on the above the operative intervention based on the requested surgical procedure would not be indicated as medically necessary.

Preoperative Testing: 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) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure, Preoperative lab testing.

Decision rationale: Based on the CA ACOEM preoperative medical clearance with the claimant's primary care physician is not indicated as the need for operative intervention is not established.

Twelve (12) sessions of postoperative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based CA MTUS 2009 Post surgical rehabilitation postoperative physical therapy is not indicated as the role of operative intervention is not established by medical records available for review.

Two (2) home health registered nurse visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page 51. Page(s): 51.

Decision rationale: MTUS Guidelines do not support the home health sessions based on the fact that the surgical process is not established by clinical records.

A Walker: 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) Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The MTUS Guidelines are silent when looking at the Official Disability Guidelines criteria a walker is not indicated. The medical records do not support the role of postoperative DME devices in this case where operative intervention has not been established.

Phoenix muscle stimulator (durable medical equipment): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: Based on the CA MTUS Chronic Pain Medical treatment guidelines a muscular stimulator is not supported as the role of operative intervention is not established by the clinical records

Preoperative medical clearance with primary care physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Consultation, Chapter 7, page 603

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): preoperative medical clearance.

Decision rationale: Based on the CA ACOEM preoperative medical clearance with the claimant's primary care physician is not indicated as the need for operative intervention is not established.