

Case Number:	CM13-0020464		
Date Assigned:	10/11/2013	Date of Injury:	05/09/2007
Decision Date:	02/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 Pennsylvania. 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 56-year-old female who has several musculoskeletal complaints including lower back pain, spondylosis without myelopathy or radiculopathy and painful knee arthroplasty. She has had injections in the pes bursal region which provides some transient benefit. A second opinion has been rendered upon the medical records. It referenced a well positioned, well performed knee arthroplasty that is not indicated for revision surgery. Medicines including antiinflammatory, narcotic, and physical therapy were also included within the medical records as treatment. The need for revision surgery or debridement of the tendons is unlikely if the joint line has been preserved and the components are well aligned, which is reflected within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Exploration & Bursectomy per Anerine Bursa Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: There is no clear indication for exploration and bursectomy of the right knee. The second opinion physician recommended further injections. Those have not been documented. CA MTUS allows for surgery considerations in cases where there is clear evidence of a surgical lesion and a failed response to conservative care. In this case conservative care has not been exhausted.

Physical therapy x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Adjunctive physical therapy is also not necessary based on review of this medical information. The surgical intervention in this case has not been found to be medically necessary and likewise there would not be a need for postoperative physical therapy.