

Case Number:	CM13-0021409		
Date Assigned:	11/08/2013	Date of Injury:	09/25/2000
Decision Date:	01/27/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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:

58 year old female with industrial injury 9/25/00. Patient status post report of arthroscopic procedure and nonoperative management. No attached reports of degree or number of compartments involved in left knee. No documentation of recent nonsurgical management strategies attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement surgery: 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).

Decision rationale: In this case there is no documentation in the medical records to satisfy the ODG criteria for a total knee replacement. Therefore the determination is non-certification.

Aquatic therapy 2 times 6: 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).

Decision rationale: As the request for total knee arthroplasty is not certified, aquatic therapy is non-certified

Home exercise kits for the neck, back and knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Per the CA MTUS/ACOEM, "Instruction in home exercise. Except in cases of unstable fractures, acute dislocations, instability or hypermobility, patients can be advised to do early pendulum or passive ROM exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. There Is no documentation of medical necessity for home exercise kits for the neck, back and knees and therefore the determination is non-certification.