

Case Number:	CM13-0029798		
Date Assigned:	11/27/2013	Date of Injury:	02/15/2002
Decision Date:	02/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 68-year-old male who reported an injury on 05/15/2001. The mechanism of injury was not provided for review. This injury ultimately resulted in arthroscopic surgery and meniscus debridement in 05/2011. This failed to resolve the patient's symptoms. The patient underwent a series of Supartz injections that were also not beneficial. The patient's most recent clinical examination findings included restricted range of motion from 3 degrees in extension to 120 degrees in flexion with severe patellofemoral crepitus and medial and lateral joint line tenderness. The patient's diagnoses included osteoarthritis of the lower leg, pain in joint, and tear of the medial and lateral meniscus. The patient's treatment plan included total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right knee total arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, and the Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Replacement Section.

Decision rationale: The requested right knee total arthroplasty is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to other surgical interventions and injection therapy. [REDACTED] recommends surgical intervention for patients who have significant findings and are supported by an imaging study that provide evidence of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review does provide evidence that the patient underwent an x-ray. However, this x-ray was not provided for review. Additionally, Official Disability Guidelines recommend surgical intervention for patients who have severely restricted range of motion of less than 90 degrees. The clinical documentation submitted for review does provide evidence that the patient has range of motion described as 120 degrees in flexion. Therefore, surgical intervention would not be indicated. The request for one right knee total arthroplasty is not medically necessary or appropriate.

Pre-operative MRI of the right knee: 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 or appropriate.

5-day inpatient stay: 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 or appropriate.

One assistive walker: 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 or appropriate

Eight home physical therapy sessions: 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 or appropriate.

One shower chair: 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 or appropriate.