

Case Number:	CM13-0029822		
Date Assigned:	02/12/2014	Date of Injury:	07/30/2009
Decision Date:	05/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 60-year-old female who was injured on July 30, 2009, sustaining injury to the left knee. Records indicate that since time of injury, she is status post a left knee arthroscopy, as well as medication management, physical therapy, injects and activity restrictions. The claimant's recent clinical assessment dated July 23, 2013 indicates ongoing complaints of pain about the right knee. She was also with underlying orthopedic injuries since time of injury. Specific to the knee, there was documentation of 20-92 degrees of range of motion with a stable ligamentous examination, negative McMurray's testing, and positive patellofemoral and lateral joint tenderness. A previous clinical follow-up on June 18, 2013 also demonstrated the knee to be with continued complaints of pain, a positive antalgic gait, medial and patellofemoral joint tenderness, and restricted range of motion. Formal clinical imaging was not documented. A prior supplemental report of 2012 indicated a prior right knee MRI scan that demonstrated medial compartment arthrosis with chronic tearing to the medial meniscus. Further documentation of imaging or the claimant's perioperative arthroscopic findings was not noted. There is no current documentation of the claimant's body mass index.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE TOTAL ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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.

Decision rationale: The California MTUS guidelines are silent regarding the surgical need for arthroplasty. When looking at Official Disability Guideline criteria, this individual's surgical request would not be supported. The records currently do not support a body mass index to indicate specific need for operative intervention. Guidelines do not recommend the role of operative arthroplasty in the setting of a BMI greater than 35. When taking into account no formal documentation of imaging to confirm or refute evidence of severe underlying arthrosis, the specific request for surgery would not be supported. As such, the request is not medically necessary.

INPATIENT STAY OF 2 - 3 DAYS: 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.

CPM (CONTINUOUS PASSIVE MOTION) UNIT RENTAL FOR 10-14 DAYS: 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.

FRONT WHEEL 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.

HOME HEALTH PHYSICAL THERAPY (HHPT) X 6 VISITS: 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.