MAXIMUS Federal Services

Case Number:	CM13-0035475		
Date Assigned:	03/03/2014	Date of Injury:	01/05/2012
Decision Date:	05/01/2014	UR Denial Date:	10/04/2013
Priority:	Expedited	Application Received:	11/01/2013

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 Arkansa and Texas. 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 injured worker is a 57-year-old male who reported an injury on 01/05/2012 after a fall off a loading dock. The injured worker reportedly sustained an injury to his right knee that resulted in a femoral condyle fracture. The injured worker underwent anterior cruciate ligament and meniscal reconstruction in 01/2013. The injured worker was evaluated on 05/16/2013. Physical findings included mild joint effusion with restricted range of motion described as 0 to 130 degrees of the right knee with good strength in the quadriceps and hamstrings. It was documented that the injured worker had early tricompartmental osteoarthritis. It was noted that the injured worker demonstrated moderate arthritic changes in the medial compartment and had significant varus alignment. A referral to a total joint specialist was recommended. On 07/26/2013, the injured worker was prescribed an unloader brace in an attempt to exhaust all conservative treatments prior to a unicompartmental knee arthroplasty. Physical findings included left knee range of motion described as 0 to 140 degrees with no evidence of crepitus. Physical findings of the right knee included range of motion described as 0 to 130 degrees with mild varus alignment, a negative Lachman's, trace joint effusion, and positive crepitus. This was the most recent clinical note provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT MEDIAL UNICOMPARTMENTAL KNEE ARTHROPLASTY SURGERY:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD) Criteria for Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Knee and Leg Chapter, Knee Joint Replacement.

Decision rationale: The requested right medial unicompartmental knee arthroplasty is not medically necessary or appropriate. The Official Disability Guidelines recommend unicompartmental knee arthroplasty for patients who have failed to respond to conservative treatments to include exercise therapy and medications with significant objective and subjective findings that are supported by an imaging study. The clinical documentation submitted for review does indicate that the injured worker has chronic pain and joint effusion with evidence of crepitus and instability. However, there was no recent clinical documentation to support the request. The failure of conservative treatment was not addressed. Additionally, the submitted documentation did not provide an imaging study to support the development of osteoarthritis. As such, the requested right medial unicompartmental knee arthroplasty is not medically necessary or appropriate.

CT SCAN WITHOUT CONTRAST FOR 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

RBC SEDIMENTARY RATE-AUTOMATED: 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.

PRE-OP VISIT WITH INTERNAL MEDICINE: 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.

COMPREHENSIVE METABOLIC PANEL: 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

COMPLETE CBC WITH AUTO DIFFERENTIAL WBC: 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.

PROTHROBMINTIME: 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.

THROMBOPLASTIN TIME PARTIAL: 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.

URINALYSIS AUTO WITH SCOPE: 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

CHEST X-RAY: 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.

C-REACTIVE PROTEIN: 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.

ELECTROCARDIOGRAM WITH A COMPLETE IMMUNOFLUORESCENT STUDY: 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.