

Case Number:	CM13-0040889		
Date Assigned:	03/21/2014	Date of Injury:	05/26/2011
Decision Date:	04/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 patient is a 67-year-old female who reported an injury on 05/26/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with joint replacement and internal derangement of the knee. The patient was recently seen by [REDACTED] on 09/23/2013. The patient reported 6/10 pain. The patient also reported buckling and hyperextension of the knee followed by flexion weakness. The patient has completed a course of acupuncture and physical therapy. Physical examination of the right knee on that date revealed restricted range of motion, tenderness to palpation over the illiotibial-tibial band and quadriceps tendon, positive patellar grind testing, and positive McMurray's testing with MCL pain and weakness. Treatment recommendations included a revision arthroplasty with [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OF RIGHT TOTAL KNEE ARTHROPLASTY (INCLUDING MEDICAL CLEARANCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. Official Disability Guidelines state knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative care includes exercise therapy and medications as well as viscosupplementation or steroid injections. As per the documentation submitted, there is no evidence of less than 90 degree range of motion. There was also no body mass index provided for review. There were no standing x-rays or imaging studies provided for review. There is also no mention of a failure to respond to NSAIDS, or viscosupplementation and steroid injections. Based on the clinical information received, the request is for revision of right total knee arthroplasty (including medical clearance) is not medically necessary and appropriate.

INPATIENT STAY X 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.

POST-OP HOME PHYSICAL THERAPY RIGHT KNEE 3 X 2: 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.

POST-OP HOME RN EVALUATION: 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.

POST-OP HOME RN FOR WOUND CHECK 2 X 2: 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.