

Case Number:	CM13-0042583		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2009
Decision Date:	02/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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:

The patient is a 65-year-old gentleman who was injured in a work related accident on 12/01/09. Clinical records available for review documented that the claimant failed care in regards to his left knee with documentation of tricompartment degenerative changes, failed conservative care, and positive exam findings. It was noted that the claimant has been authorized for a left total knee replacement procedure. There are several requests pertaining to the claimant's surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

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 Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines.

Decision rationale: California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon is supported for a total joint arthroplasty procedure. This specific request would be medically necessary.

Hospital stay 2-3 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedures - Knee joint replacement.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a three day inpatient length of stay following knee replacement procedure would be considered the standard of care. This specific request for a three inpatient stay would also be supported.

Lovenox injections times 3: Overturned

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), Venous thrombosis.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, venous thrombosis (DVT) prophylaxis is supported for the lower extremity surgery, particularly a surgery that would involve a reconstructive procedure. The role of Lovenox would be considered standard of care in the postoperative setting following joint replacement procedure. The specific request for three injections would appear medically necessary.

Home therapy 2 times 3: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Guidelines and supported by California MTUS Postsurgical Rehabilitative Guidelines, six sessions of home care therapy would be supported. Following initial course of care of a total joint arthroplasty, the claimant would technically be considered "home bound." A short course of home care therapy would be supported based on clinical guidelines for review.