

Case Number:	CM13-0047949		
Date Assigned:	12/27/2013	Date of Injury:	10/26/2012
Decision Date:	02/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/14/2013

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 61-year-old gentleman who was injured in a work related accident on 10/26/12. Clinical records specific to his left knee documented continued complaints of pain. The clinical assessment of 08/20/13 documented that the claimant had degenerative changes on plain film radiographs that also showed severe medial compartment narrowing. Physical examination showed 0 to 110 degrees range of motion, tenderness over the medial joint line, height of 68" and weight of 270 pounds, giving him a body mass index of roughly 41. It was documented that the claimant failed conservative care including previous injection therapy. A left total knee replacement was recommended for further therapeutic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement: 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 in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure - Knee joint replacement.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the proposed total joint arthroplasty would not be supported. The claimant's current clinical picture is one of morbid obesity with height of 5' 8" and weight of over 275 pounds, giving him a body mass index of 41. ODG Guideline criteria recommends a BMI of less than 35 prior to proceeding with operative arthroplasty. The claimant's BMI does not fall within the ODG Guidelines and the recommendation for the surgical process cannot be supported

3/1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual of Diagnosis and Therapy, Section 17, Chapter 215.

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 in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure - Durable medical equipment (DME).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a 3 in 1 commode would not be indicated as the role operative intervention in this case has not yet been established

Front Wheel Walker: 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 in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a front wheeled walker would also not be indicated as the need for operative intervention in this case has not yet been established.

Rental of CPM Machine for 3 weeks: 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 in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous passive motion (CPM).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a CPM device in the postoperative setting would not be indicated as the need operative intervention in this case has not been established.

Norco 10/325 #150 x1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, the continued use of short acting narcotic analgesics would not be indicated. The operative intervention in this case has not been established, thus, negating the knee of this agent in the postoperative setting. Furthermore, the role of short acting narcotic analgesics is not indicated for long term use or treatment in the setting of chronic osteoarthritis. The specific request would not be supported.

Celebrex 200mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of nonsteroidal agents would not be indicated. Chronic Pain Guidelines do not recommend the role of continued acute use of nonsteroidal medications in the chronic pain setting. In regard to osteoarthritis of the knee and hip, they are only recommended in the lowest dose possible for the shortest amount of time in patients with moderate to severe pain. Acetaminophen is more recommended as the initial therapy. The clinical records would not support the chronic role of this agent at present.

Physical Therapy 3x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, 18 sessions of physical therapy would not be indicated. The role of surgical process in this case has not yet been supported, thus, negating the need for postoperative physical therapy.

Cardiac Clearance for Surgery: Upheld

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 (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: Based on California ACOEM Guidelines, preoperative cardiac clearance would not be indicated as the role of surgical intervention in this case has not been established.