

Case Number:	CM13-0050764		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2013
Decision Date:	05/19/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/14/2013

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 claimant is a 54-year-old gentleman who sustained injuries to the right ankle and right knee on 3/15/13 from a work-related injury. The report of radiographs of the knee from the initial clinical presentation on 3/16/13 revealed tricompartmental joint space narrowing. An MRI scan performed on 4/4/13 confirmed the findings. The claimant has continued with complaints of knee pain despite conservative treatment with medication management, activity restrictions, home exercises, and work modifications. There was documentation in the records that predated the injury; the claimant had undergone viscosupplementation injections of the bilateral knees in 2010. However, there was no documentation of injection treatment since the time of injury. The most recent clinical assessment was on 9/9/13. It documented that based on failed conservative care surgical arthroplasty was recommended due to the claimant's bone on bone changes. It was specifically noted that the surgical recommendation was based on a recent three week course of physical therapy that provided no significant benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RNFA OR PA SURGICAL ASSISTANT: 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.

POSTOPERATIVE PHYSICAL THERAPY, THREE TIMES A WEEK FOR TWO WEEKS IN-HOME, THEN TWICE A WEEK FOR SIX WEEKS AS AN OUTPATIENT: 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.

THREE WEEK CPM MACHINE RENTAL: 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 WHEELED WALKER, COLD THERAPY UNIT, 3-IN-1 COMMODORE: 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.

PREOPERATIVE MEDICAL CLEARANCE INCLUDE H&P, LABS/CHEM PANEL, CBC, PT, PTT, UA, CXR, EKG: 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.

AUTOLOGOUS BLOOD DONATION OF 2 UNITS PRBC: 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.

**14 INJECTIONS OF LOVENOX 40MG TO BE GIVEN DAILY FOR TWO WEEKS:
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.

RIGHT TOTAL KNEE 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

Decision rationale: The California MTUS and ACOEM Guidelines do not address total knee replacement. Based upon the Official Disability Guidelines, the proposed total knee arthroplasty cannot be recommended as medically necessary due to a lack of documentation of conservative care. While the claimant is diagnosed with degenerative joint disease of the knee, the medical records provided for review document that injection therapy took place in 2010 prior to the 3/15/13 vocational injury. There is no documentation that injection treatment has been provided in response to the vocational injury date. Therefore, the lack of documentation of utilization of corticosteroid or viscosupplementation would fail to satisfy the Official Disability Guideline for the request for total knee arthroplasty. Thus the request is not medically necessary.

3-5 DAY INPATIENT STAY: 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.