

Case Number:	CM13-0052800		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2013
Decision Date:	03/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/16/2013

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:

This is a 43 year old injured in a work-related accident on 8/21/13 sustaining injuries to the bilateral knees. The records indicate radiographs that show end stage degenerative change, left greater than right. The claimant's injury was that of a slip and fall at work. The records indicate treatment has included medication management, injection therapy, and a recent course of viscosupplementation injections. Specific to the claimant's right knee, there is recent documentation of a 12/26/13 progress report with [REDACTED] where he describes continued complaints of right greater than left knee pain. He also indicates that the claimant had recently received viscosupplementation injections to the right knee stating that she is doing well. They have improved her overall pain complaints. Objectively, examination showed no effusion. Range of motion was noted to be without discomfort with no gross edema or inflammatory findings. The claimant's assessment was that of bilateral knee pain "returned to baseline." It states that she received viscosupplementation injections in early December and had seen improvement and would follow up with orthopedic surgeon on an as-needed basis. There is, however, a current request for a total knee replacement to the right for this claimant's continued complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Cemented 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 (ODG), TWC Knee and Leg Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th edition, 2013 Updates: Knee procedure - Knee joint replacement.

Decision rationale: Based on Official Disability Guidelines criteria as California MTUS Guidelines are silent, a right total knee arthroplasty would not be indicated. This is a young 43 year old female who is recently status post injury of August 2013 who is noted to be with significant improvement following a course of viscosupplementation injections performed in early December. There would at present be no indication for an asymptomatic 43 year old to undergo arthroplasty. Official Disability Guidelines reserves the role of arthroplasty for individuals greater than age fifty that have failed a considerable course of conservative measures. Given the claimant's young age and documentation of functional improvement with conservative treatment, the surgical process would not be indicated.

Assistant Surgeon PA: Upheld

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

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.

Decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon would not be indicated as the role of operative intervention has not been established.

Pre-Operative Medical Clearance/XR with Ball: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, preoperative medical clearance with [REDACTED] would not be indicated as the surgical process in this case has not yet been established.

PICO Vac Dsg (rental or purchase): 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 Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th edition, 2013 Updates: shoulder procedure - Vacuum-assisted closure wound-healing.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a pressure wound vac system would not be indicated. The role of operative intervention in this case has not yet been established.

Hospital Stay: 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 Official Disability Guidelines(ODG), Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - Knee joint replacement.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a hospital stay also would not be indicated as the role of operative intervention has not yet been established.