

Case Number:	CM13-0066701		
Date Assigned:	01/15/2014	Date of Injury:	04/26/2010
Decision Date:	05/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 Texas. 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 injured worker is a 58-year-old male who reported an injury on 04/26/2010. The mechanism of injury was not stated. Current diagnoses include chronic low back pain, left leg pain, foot contusion and inflammation, ankle sprain, internal derangement of the right knee, elements of depression, weight loss, hypertension, and internal derangement of the left knee. The injured worker was evaluated on 12/12/2013. The injured worker reported daily 9/10 pain with spasm in the left knee. Physical examination revealed 180 degree extension, 100 degree flexion, and limited range of motion of the left foot. Treatment recommendations included an arthroscopy with chondroplasty and synovectomy of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LAB FOR LIVER AND KIDNEY FUNCTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The MTUS Chronic Pain Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a

recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for the requested laboratory testing has not been established. As such, the request is not medically necessary and appropriate.

ONE (1) LEFT KNEE ARTHROPLASTY WITH SYNOVECTOMY AND CHONDROPLASTY: Upheld

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

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.

Decision rationale: The ACOEM 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 around the knee. Official Disability Guidelines state knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative care should include exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the documentation submitted, the injured worker's physical examination only revealed 180 degree extension and 100 degree flexion of the left lower extremity. There was no documentation of limited range of motion less than 90 degrees, nighttime joint pain, or significant functional limitation. The injured worker's body mass index was also not provided for review. There is also no mention of a failure to respond to conservative treatment including physical therapy, medications, and injections. Based on the clinical information received, the request is not medically necessary and appropriate.