

Case Number:	CM13-0068142		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2010
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 injured worker is a 57-year-old male who reported an injury on 07/16/2010 when he forcefully pulled a pallet toward him and struck the inside of his left knee. The injured worker reportedly sustained an injury to his left knee. The injured worker's treatment history included medications, injections, and physical therapy. The injured worker was evaluated on 11/04/2013. It was documented that the injured worker had limited and painful range of motion described as - 5 degrees in extension to 110 degrees in flexion with crepitus. It was noted that the injured worker had 4/5 strength in the quadriceps and hamstrings. It was noted that the injured worker's x-rays of the left knee documented atraumatic tricompartmental arthritis. The injured worker's treatment plan included a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 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 (ODG), Knee Arthroplasty, Criteria for knee joint replacement.

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

Decision rationale: The requested left total knee arthroplasty is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address knee replacements. Official Disability Guidelines recommend total knee arthroplasty for injured workers who have severely limited functional deficits to include range of motion limited to 90 degrees in flexion. The clinical documentation submitted for review does indicate that the injured worker has range of motion in flexion to 120 degrees. This does not meet guideline recommendations for knee replacement. Additionally, the clinical documentation submitted for review does indicate that the injured worker has failed to respond adequately to conservative treatments to include physical therapy, medications, injections. Official Disability Guidelines recommend total knee arthroplasty after a failure to respond to corticosteroid injections and Synvisc injections. The clinical documentation does not specifically identify what type of injections the injured worker was provided or when those injections were provided. The clinical documentation does not provide physical limitations that would require this type of surgery, and it is unclear if all lower levels of treatment have been exhausted. As such, the requested total left knee arthroplasty is not medically necessary or appropriate.

FRONT WHEEL WALKER: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

CPM MACHINE FOR LEFT KNEE: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

POST-OPERATIVE PT 3X4 FOR LEFT KNEE: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

