MAXIMUS Federal Services

Case Number:	CM13-0069650		
Date Assigned:	06/11/2014	Date of Injury:	09/19/2012
Decision Date:	07/25/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Colorado. 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 64-year-old female who reported an injury on 09/19/2012. The mechanism of injury was the injured worker was moving a patient. The injured worker's previous treatment included a prior left knee arthroscopy and physical therapy and medications. The injured worker underwent an MRI of the left knee without contrast on 12/14/2012 which revealed the injured worker had a definite tear in the medial meniscus and a distal attachment medial collateral ligament partial tear, intrasubstance edema with anterior cruciate ligament raising the question of intrasubstance injury without gross disruption, and osteoarthritis in the medial compartment, as well as a small effusion. The examination dated 10/22/2013 revealed the injured worker had tenderness in the left medial and lateral joint line. The injured worker had crepitus of motion and lacked 20% in extension and flexion 80%. The injured worker had tenderness in the right knee diffusely. The diagnoses included end stage osteoarthropathy left knee, status post remote left knee arthroscopy, and compensatory low back and right knee component. The treatment plan included a left knee replacement arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

L KNEE ARTHROPLASTY INCLUDING PREOPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement, does not address preoperative clearance.

Decision rationale: The Official Disability Guidelines indicate that total joint replacement is appropriate if 2 of the 3 compartments of the knee are affected. There should be documentation of conservative care, including exercise therapy and medications, plus limited range of motion less than 90 degrees and nighttime joint pain, as well as no pain relief with conservative care and documentation of current functional limitations demonstrating the necessity of intervention plus documentation of over 50 years of age and a body mass index of less than 35. There should be documentation of osteoarthritis on standing x-rays or previous arthroscopy. The clinical documentation submitted for review failed to provide documentation of a failure of exercise therapy and nighttime joint pain. The injured worker had decreased range of motion. However, there was a lack of documentation of current functional limitations, as well as body mass index. There was a lack of documentation indicating the injured worker had osteoarthritis on standing x-rays. Given the above, the request for left knee arthroplasty would not be supported. Per the Society of General Internal Medicine online, preoperative assessment is expected before all surgical procedures. However, as the procedure was found to be not medically necessary, the preoperative clearance is not medically necessary. Given the above, the request for left knee arthroplasty including is not medically necessary.

HOME PHYSICAL THERAPY 3X2: 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.

OUTPATIENT PHYSICAL THERAPY 3X4: 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.

COLD UNIT 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.

CPM (DOES NOT SPECIFY RENTAL OR PURCHARSE OR DURATION): 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.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.