

Case Number:	CM13-0070596		
Date Assigned:	01/08/2014	Date of Injury:	07/26/2006
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pennsylvania. 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 patient is a 57-year-old gentleman who was injured in a work related accident on 07/26/06 when he fell resulting in bilateral knee complaints. Recent assessment in November 18, 2013, a handwritten PR-2, report states complaints of knee pain with examination demonstrating 5 to 135 degrees range of motion, a positive right knee McMurray's test, and an osteoarthritis noted on plain film radiographs. There is currently no documentation of prior conservative care or indication of the claimant's body mass index. Surgeries being recommended are in the form of total joint arthroplasty with 24 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure.

Decision rationale: California ACOEM guidelines are silent. Official Disability Guidelines criteria indicate that a total joint arthroplasty would not be indicated. While records indicate

continue complaints of pain and radiographs demonstrating arthritis, there is currently no indication of claimant's prior conservative care or physical examination findings supportive of the claimant's body mass index, which would support the acute need of an operative process. The medical necessity of total joint arthroplasty in this individual has not been established.

POSTOPERATIVE PHYSICAL THERAPY (24 VISITS): 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.