

Case Number:	CM14-0005047		
Date Assigned:	02/05/2014	Date of Injury:	10/05/2008
Decision Date:	07/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient is a 50 year-old female who has filed a claim for osteoarthritis of the lower leg and medial meniscal tear associated with an industrial injury date of October 05, 2008. Review of progress notes reports left knee pain, mid flexion instability, and swelling. The patient is obese and ambulates with a single-point cane. Findings include limited and painful left knee range of motion, and positive McMurray and Drawer's tests. There is slight decreased motor strength of left knee extension. Treatment to date has included NSAIDs, muscle relaxants, topical analgesics, physical therapy, chiropractic therapy, home exercise program, left knee arthroscopic surgeries, and total knee replacement in November 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL KNEE REPLACEMENT WITH BRACING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Section, Knee Joint Replacement.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for knee joint replacement includes conservative care - exercise therapy and medications (NSAID, viscosupplementation injections, or steroid injections); subjective findings - limited range of motion < 90 degrees, nighttime joint pain, no relief with conservative care, and documentation of current functional limitations; objective findings - over 50 years of age, BMI < 35; and imaging findings - osteoarthritis on standing x-ray, or previous arthroscopy. Revision is used for failed knee arthroplasties. In this case, patient had previous total knee replacement in November 2011. However, there is lack of objective evidence of loosening or failure of previous total knee replacement. There are no recent imaging studies of the left knee, documentation of failure of post-operative conservative care, and current functional limitations. All the associated services, such as the request for bracing, is likewise not medically necessary. Therefore, the request for left total knee replacement with bracing was not medically necessary.

LOVENOX INJECTIONS X 14 DAYS: 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: The dependent request of left total knee replacement has been deemed not medically necessary; therefore, all the associated services, such as the request for Lovenox injections x 14 days, is likewise not medically necessary.

PRE OP CLEAREANCE: 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: The dependent request of left total knee replacement has been deemed not medically necessary; therefore, all the associated services, such as the request for Lovenox injections x 14 days, is likewise not medically necessary.

PHYSICAL THERAPY 2 X 6: 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: The dependent request of left total knee replacement has been deemed not medically necessary; therefore, all the associated services, such as the request for Lovenox injections x 14 days, is likewise not 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: The dependent request of left total knee replacement has been deemed not medically necessary; therefore, all the associated services, such as the request for Lovenox injections x 14 days, is likewise not medically necessary.

HOME HEALTH CARE: 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: The dependent request of left total knee replacement has been deemed not medically necessary; therefore, all the associated services, such as the request for Lovenox injections x 14 days, is likewise not medically necessary.