

Case Number:	CM14-0105158		
Date Assigned:	07/30/2014	Date of Injury:	07/22/1992
Decision Date:	09/26/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

This is an 81-year-old female who sustained a vocational injury on 07/22/92. The medical records provided for review documented the diagnosis of status post L2-5 laminectomy and spinal fusion with instrumentation and status post right total hip arthroplasty. The office note dated 05/20/14 also provided the diagnosis of end stage left knee arthritis and that the claimant had conservative treatment of anti-inflammatory medication, use of a cane, physical therapy, and intraarticular injections. It was documented that the claimant had persistent, severe pain with associated instability and that recent viscosupplementation gave no relief. Physical examination showed range of motion was 5 to 85 degrees, crepitus, guarding and joint line tenderness. She walked with an antalgic gait. X-rays were documented to show left knee joint space narrowing, subchondral sclerosis and osteophyte formation in all three compartments. A left total knee arthroplasty was recommended with computer navigation.

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 computer navigation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Knee joint replacement.

Decision rationale: The request for Left Total Knee Replacement with computer navigation is not recommended as medically necessary. The medical records reveal that x-rays of the claimant's left knee reveal pathology amenable to total knee arthroplasty and has failed appropriate conservative treatment as recommended by ACOEM Guidelines. The medical records do not contain documentation of the claimant's BMI, which would be important to know prior to considering surgical intervention. If the claimant's BMI (Body Mass Index) is less than 35, the claimant may then be an appropriate candidate for total knee arthroplasty; however, the request for computer navigation cannot be supported. The Official Disability Guidelines state that computer navigation and computer assisted surgery is not considered medically necessary at this time and subsequently the request of Left Total Knee Replacement with computer navigation is not medically necessary and appropriate.

Topical Cream/Terocin 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: California MTUS Chronic Treatment Guidelines do not support the request for Terocin. The Chronic Pain Guidelines state that topical analgesics are considered largely experimental and typically not recommended as medically necessary. Terocin is a topical analgesic compound consisting of lidocaine, Methyl Salicylate, Capsaicin and Menthol. According to the Chronic Pain Guidelines, any compound product that contains at least one drug that is not recommended is not recommended. The Chronic Pain Guidelines only recommend the use of Lidocaine in the setting of neuropathic pain. The medical records do not document that the claimant has any significant subjective complaints or abnormal physical exam objective findings consistent with neuropathic pain. Therefore, the request for Topical Cream/Terocin 240ml is not medically necessary and appropriate.