MAXIMUS Federal Services

Case Number:	CM14-0106908		
Date Assigned:	08/01/2014	Date of Injury:	07/13/2012
Decision Date:	08/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

This is a 37-year-old gentleman who injured his left knee in a work related accident on 07/13/12. Records provided for review document that he was initially treated surgically for a lateral tibial plateau and has had persistent complaints postoperatively. The report of an MRI scan of the knee from 04/01/14 shows essentially a depressed lateral tibial plateau fracture with central depression and degenerative change. The assessment dated April 2014 revealed continued complaints of pain for which he had failed a course of viscosupplementation injections. Examination findings showed restricted range of motion at endpoints with no evidence of instability. There was tenderness about the medial and lateral joint line, negative McMurray's testing and positive patella femoral depression and crepitation. Based on failed care, arthroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure - Knee joint replacement.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines typically do not recommend the role of arthroplasty in individual's under the age of 50. Without documentation of a body mass index or indication that this claimant has exhausted conservative care, the acute need of surgical intervention in the form of arthroplasty in this 37-year-old gentleman would not be supported as medically necessary.

Two day inpatient hospital stay: 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) Hospital length of stay (LOS) guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure.

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

Home physical therapy times 8 in home sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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

In home care times 8 nurse visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Services Page(s): 51.

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

Outpatient post op physical therapy times12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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