

Case Number:	CM14-0013084		
Date Assigned:	02/24/2014	Date of Injury:	04/20/1999
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The claimant is a 73-year-old gentleman who sustained bilateral knee injuries in a work-related accident on April 20, 2009. The records available for review document an initial diagnosis of underlying degenerative arthritis and state that the claimant is status post bilateral total knee arthroplasty. The report of plain film radiographs dated October 29, 2013, showed no gross abnormality to the claimant's right knee. A December 10, 2013, progress report indicates continued bilateral knee complaints, greater on the right than on the left. Physical examination showed a varus deformity with a +2 left knee joint effusion. The records contain no further documentation of right knee findings or conservative care. A February 25, 2014, letter of medical necessity states that the claimant has knee instability and reference a three-phase bone scan showing an increased uptake. Physical examination findings were not documented. Due to continued complaints of pain and a diagnosis of what the records state is failed knee arthroplasty, this request is for right total knee revision arthroplasty, a custom wheelchair, a three-day inpatient hospital stay, preoperative medical clearance, six sessions of post-operative physical therapy, in-home nursing care, two pairs of TED hose stockings, a 21-day rental of a CPM unit, a 21-day rental of a cryotherapy unit and a front-wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OF RIGHT TOTAL KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

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 - REVISION TOTAL KNEE ARTHROPLASTY

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, a revision arthroplasty of the right knee would not be supported. The reviewed records do not reference imaging supportive of implant failure necessitating treatment with revision surgery. There is also no documentation of a clinical workup to rule out infection or physical examinations that would support the proposed revision arthroplasty. Because the records reflect subjective complaints alone and no objective findings, this request would not be established as medically indicated.

CUSTOM WHEEL CHAIR: Upheld

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

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.

3-DAY INPATIENT STAY: Upheld

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

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 - HOSPITAL LENGTH OF STAY (LOS).

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

PRE-OP MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis,

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

HOME PHYSICAL THERAPY 3X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51, Postsurgical Treatment Guidelines.

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

IN HOME RN FOR EVALUATION MEDICATION INTAKE AND VITALS: Upheld

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

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.

2 PAIR TED HOSE STOCKINGS: Upheld

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

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.

21-DAY RENTAL CPM MACHINE: Upheld

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

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.

21-DAY COLD THERAPY UNIT RENTAL: 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): 337-339.

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

FRONT WHEEL WALKER: Upheld

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

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 PROCEDURES

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