

Case Number:	CM14-0016115		
Date Assigned:	06/04/2014	Date of Injury:	07/07/2002
Decision Date:	07/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Colorado and Texas. 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 injured worker is a 70-year-old female who reported injury on 7/7/02. The mechanism of injury was not provided. The prior treatments included a revision total knee arthroplasty on 6/15/12. The mechanism of injury was not provided. The documentation of 1/10/14 revealed the injured worker was status post right total knee replacement with bone scan evidence of loosening of the tibial tray. The injured worker's knee was noted to bother her with pain with every step. The physical examination of the right knee showed trace effusion. The diagnosis was status post right total knee replacement with evidence of tibial loosening. The treatment plan included that the injured worker undergo a revision surgery. The injured worker underwent an x-ray of knee with three views with standing on 1/10/14 which revealed no change in alignment of the right knee prosthesis. There was no fracture or dislocation. There was no change in the alignment of the right prosthesis with no gas in the soft tissue and no evidence of complication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE REVISION TKA: 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.

Decision rationale: The Official Disability Guidelines indicate that the revision of a total knee arthroplasty is an effective procedure for failed knee arthroplasties based on global knee rating scales. It would be recommended for failure of the originally approved arthroplasty. The clinical documentation submitted for review indicated the injured worker underwent a revision of the total knee arthroplasty on 6/15/12. The clinical documentation indicated the injured worker had a bone scan which revealed evidence of loosening of the tibial tray. However, the bone scan that was discussed was not provided for review. The x-ray dated 1/10/14 revealed there was no change in the alignment of the right knee prosthesis. There was a lack of documentation of failure of the total knee arthroplasty. Given the above, the request for a right knee revision total knee arthroplasty is not 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 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.

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

OUTPATIENT PHYSICAL THERAPY X 12: 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.

RAISED TOILET SEAT: 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.

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 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.

COUMADIN OR XERALTO 10MG X 14 DAY SUPPLY: 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.