

Case Number:	CM14-0110408		
Date Assigned:	09/16/2014	Date of Injury:	03/10/2010
Decision Date:	10/20/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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:

The claimant is a 59-year-old female who was hit by a car and sustained injuries to her low back, neck and bilateral knees on 03/10/10. The medical records provided for review that pertained to the claimant's left knee included the progress report dated 05/22/14 documenting continued complaints of left knee pain, worse with bending. Physical examination showed positive McMurray's, zero to 90 degrees range of motion and diffuse weakness with resistance. The claimant's body mass index at that time was noted to be 38.95 with a height of 5 feet 2 inches and weight of 213 pounds. The progress report also documented that the claimant had failed conservative care for her knee from a degenerative standpoint. Plain film radiographs showed joint space narrowing medially consistent with degenerative arthrosis. The recommendation was made for total knee arthroplasty. It was also noted in the medical records that treatment with viscosupplementation had not been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, indications for surgery-knee arthroplasty

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 - Knee joint replacement

Decision rationale: Based on the Official Disability Guidelines, the request for left knee arthroplasty is not recommended as medically necessary. The Official Disability Guidelines recommend specific criteria for knee joint arthroplasty to include a body mass index less than 35 and failure of conservative care including viscosupplementation injections, steroid injections and medication management. The claimant has not been treated with viscosupplementation injections and her body mass index is approaching 39. There is also no documentation that the claimant has attempted or considered weight loss or weight reduction strategy. Therefore, the claimant does not meet the Official Disability Guidelines for left knee arthroplasty. The request is not medically necessary and appropriate.

crutches purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & 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 - Walking aids (canes, crutches, braces, orthoses, & walkers)

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

polar care unit rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Continuous-flow cryotherapy

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.

Amoxicillin 875mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Infectious Diseases - Amoxicillin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Prokuski L.; Source University of Wisconsin Hospitals, Madison, WI 53792, USA. Abstract: prophylactic antibiotics in orthopedic surgery.

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

Zofran 8mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Anti-emetics (for opioid nausea)

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: pain procedure - Antiemetics (for opioid nausea)

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

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin(Neurontin) Anti-epilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 18.

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

Rejuveness 1 Silicone sheet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22277688>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cochrane Database Syst Rev. 2013 Sep 12;9:CD003826. doi: 10.1002/14651858.CD003826.pub3. Silicone gel sheeting for preventing and treating hypertrophic and keloid scars. O'Brien L1, Jones DJ.

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

Physical Therapy left knee x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Pre-op clearance; H&P, CBC, CMP, ECG, Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>-Preoperative evaluations Official Disability Guidelines Low Back - Preoperative lab testing, Preoperative ECG, Preoperative testing, general

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.

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