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| Case Number: | CM14-0112655 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 04/17/2009 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 General Surgery and is licensed to practice in 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 66 -year-old female who reported injury on 04/17/2009. The mechanism of injury was the injured worker tripped over a protruding board on the deck of a home that she was previewing causing her to fall forward onto her hands and knees. The prior treatments included injections, narcotics, and physical therapy. The injured worker underwent an arthroplasty of the left knee on 01/04/2014. The injured worker underwent postoperative physical therapy. The documentation of 06/16/2014 revealed the injured worker had lateral swelling and increased lateral swelling of the left knee. The injured worker had an increased strength and decreased pain. The objective findings revealed left wound adhesion. The diagnoses included left knee osteoarthritis. The treatment plan included a revision of the left knee scar. There was no Request for Authorization submitted for review or rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Left Knee scar revision: 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 rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have an activity limitation for more than 1 month, and a failure of exercise program to increase range of motion and strength of musculature around the knee. The clinical documentation submitted for review indicated there was a decrease in pain and an increase in the injured worker's strength. The documentation indicated the injured worker was having a positive result from therapy. There was a lack of documentation indicating the injured worker had a failure of an exercise program. Given the above, the request for 1 left knee scar revision is not medically necessary.

Eighteen (18) post-operative physical therapy sessions: 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.