

Case Number:	CM14-0114991		
Date Assigned:	08/06/2014	Date of Injury:	04/28/2010
Decision Date:	11/04/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/23/2014

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 Texas and Alaska. 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 63-year-old male who reported an injury on 04/28/2010 while working as a big rig driver for a grocery store. The injured worker complained of left knee pain. The physical examination dated 06/04/2014 to the bilateral knees revealed tenderness to the medial joint and, lateral joint, left greater than right, with a flexion of 124 degrees and extension -5 degrees. The injured worker rated his pain a 7/10 with pain medication and 8/10 without medication with a lasting duration of 3 hours. The medication included Norco and a topical lotion. The injured worker was noted with arthritis of the peripheral joints. The diagnostics also included an MRI of the left knee. The treatment plan included a total knee replacement. The Request for Authorization dated 08/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee joint replacement

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee joint replacement

Decision rationale: The request for a total knee replacement is not medically necessary. The Official Disability Guidelines indicated that an arthroplasty is recommended following, conservative care, exercise therapy, supervised PT, home rehab exercise, and medications. The subjective clinical findings to include limited range of motion that is greater than 90% or less than 90% and nighttime joint pain and no pain relief with conservative care as above and documentation of current functional limitations demonstrating necessity of interventions, plus objective clinical findings over 50 years of age and body mass index of less than 40 where increased BMI poses elevated risk of postoperative complications, plus imaging and clinical findings osteoarthritis on standing x-ray demonstrates significant loss of cortical clear space in at least one of the three compartments, with varus or valgus deformity and indication of additional strength. The documentation dated 06/10/2014 indicated that the X ray taken of the left knee demonstrated a complete collapse of the medial compartment of the left knee, however the guidelines indicate that for a total knee replacement at least two of the three compartments be effected. As such, the request is not medically necessary.

Inpatient Stay times three (3) days: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

RN evaluation for Home Health: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Physical Therapy three (3) times a week for four (4) weeks: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported

Front wheeled 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Interferential II Unit: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Three (3) in one (1) commode: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Cold Compression Unit: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Shower Chair: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Continuous Passive Motion (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 cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.