

Case Number:	CM14-0138816		
Date Assigned:	09/05/2014	Date of Injury:	03/09/2010
Decision Date:	10/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 64-year-old, gentleman who sustained an injury to the right knee in a work related accident on 03/09/10. The medical records provided for review included a progress report dated 08/01/14 noting continued complaints of pain in the knee with difficulty weight bearing and low back. Physical examination revealed a normal gait pattern, full range of motion, no instability, and positive crepitation. The medical records did not contain any documentation of any imaging reports. The claimant was noted to be status post right total knee arthroplasty in 2011. The recommendation for referral to an orthopedic surgeon for a knee replacement procedure continued use of Voltaren was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Based on California MTUS Chronic Pain Guidelines the continued use of Voltaren cannot be recommended as medically necessary. The medical records provided for this

review do not contain any documentation of acute clinical findings or subjective complaints to support the continued need of non-steroidal medication at this chronic stage in the claimant's course of care. The Chronic Pain Guidelines recommend that anti-inflammatory agents should be utilized at the lowest dose possible for the shortest period of time possible in the chronic setting. The requested medication would not be supported as medically necessary.

Consultation with Orthopedic Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127 Independent Medical Examinations and Consultations

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: Based on California ACOEM Guidelines, the request for referral for orthopedic consultation would not be indicated. While the medical records document that the claimant needs total knee arthroplasty, there is documentation in the records that the claimant has already undergone arthroplasty in 2011. The medical records provide for review do not contain imaging reports for review to identify e loosening or anatomic finding indicative of the need for surgical revision. The claimant's recent physical examination fails to demonstrate any acute clinical findings. The request for orthopedic surgical consultation would not be supported as medically necessary.

Total Knee Replacement, Right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for total joint arthroplasty cannot be recommended as medically necessary. The medical records provided for review do not contain any imaging reports to support the need for arthroplasty. The medical records also do not document any conservative treatment or physical examination findings to support the role of arthroplasty. The claimant's diagnosis is "status post arthroplasty 2011." Without documentation of imaging and the claimant's post-surgical course of care, the proposed operative procedure would not be indicated as medically necessary.

