MAXIMUS Federal Services

Case Number:	CM14-0156897		
Date Assigned:	09/26/2014	Date of Injury:	05/20/2005
Decision Date:	11/26/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 patient is a 64 year old female who sustained an industrial injury on 5/20/2005. While working as a food server, she tripped over a bar mat while carrying plates of food. According to the orthopedic surgical consultation report dated 6/30/2014, the patient presents for severe bilateral knee pain. Treatment to date has included two Aleve daily, 6 physical therapy sessions, and bracing. She denies surgery, TENS, H-wave, acupuncture, chiropractic, or injections. She reports bilateral knee pain rated 8/10. Medical history is significant for arthritis, diabetes, high blood pressure and leg pain/cramps. She indicates blood pressure in controlled with medication. There are no current medications listed. She participates in weight lifting and swimming 2-3 days per week at the [redacted]. The report appears to be incomplete because a full physical examination is not documented in the pages of the medical report provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Total 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 - TWC Knee and Leg Procedure Summary, 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) Knee, Knee joint replacement;

Decision rationale: The medical records do not include a thoroughly detailed treatment history of the right knee. According to the 6/20/2014 report, the patient complains of bilateral knee pain. It is not evident that this patient has advanced OA of the right knee demonstrated on standing radiographs and/or pertinent diagnostic or arthroscopic study. Her current height, weight, and BMI are not provided. In addition, exhaustion of recent conservative measures including PT/exercise, activity modifications, NSAID, passive modalities, cortisone injection and viscosupplementation has not been established by the medical records. The medical records do not reveal this patient has less than 90 degrees motion, there is no documented nighttime joint pain, exhaustion of conservative care and functional limitations demonstrating necessity of surgical intervention has not been established. In accordance with the guidelines, the medical necessity for right knee arthroplasty has not been established.

3 Nights Hospital Stay: 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 (ODG) Knee, Hospital length of stay (LOS)

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

Post-Operative Physical Therapy, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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

Pre-Operative Clearance - PCP, EKG, Labs: Coag Panel, INR, Protime, PTT, CBC, Chem-14, UA: 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 (ODG) Low back, Preoperative testing, general

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

In-patient skilled nursing rehab for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51,Postsurgical Treatment Guidelines Page(s): 24.

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