

Case Number:	CM14-0021829		
Date Assigned:	05/05/2014	Date of Injury:	08/25/1998
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 61-year-old female injured on 08/25/98. Medical records pertaining to the left knee reflect continued complaints of pain. A 01/22/14 progress report noted painful activities of daily living and failed conservative care. Examination showed generalized tenderness with full strength and positive crepitation. Working assessment was left knee osteoarthritis. Recommendations were for surgery in the form of left total joint arthroplasty. Documentation of imaging at that time was not noted. Review of prior clinical records failed to identify any imaging in regards to the claimants left knee available for review. There is also no documentation of recent conservative care or indication of prior injection therapy. The claimant's height and weight were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE TKA (TOTAL KNEE ARTHROPLASTY): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Official Disability Guidelines criteria, as the California ACOEM and MTUS Guidelines do not address total knee arthroplasty, a left total knee arthroplasty would not be indicated. The clinical records provided for review fail to demonstrate any imaging studies to determine pathology of the left knee to support or refute a diagnosis of advanced degenerative arthritis. This individual's clinical records also fail to demonstrate recent conservative care and there is no documentation that the claimant has failed a course of injection therapy. There is also no indication of a body mass index. The absence of the above findings would fail to support the acute need of a joint arthroplasty.

MEDICAL CLEARANCE TO INCLUDE EKG (ELECTROCARDIOGRAM): 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.

CPM (CONTINUOUS PASSIVE MOTION) FOR 14 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RAISED TOILET SEAT: 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.

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

LEVENOX 30MG POST OP: 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.

CHEST X-RAY: 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.

ASSISTANT SURGEON: 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.

POST OP PHYSICAL THERAPY; TWELVE (12) SESSIONS (3X4): 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.