

Case Number:	CM14-0037794		
Date Assigned:	06/25/2014	Date of Injury:	05/24/2004
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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:

This is a 57-year-old male who was injured on 5/24/04. The clinical records provided for review document that he underwent a left total knee arthroplasty on 6/18/13. The records document that the claimant continues to have pain complaints post-operatively and has undergone an extensive work up for infection including aspiration that did not provide significant benefit. A post-operative bone scan failed to show any acute clinical findings. The follow-up report dated 5/22/14 notes that the claimant continues to experience knee pain, and swelling with an inability to ambulate at times. Objectively, examination was noted to be stable, with 0-125 degrees range of motion and continued tenderness over the lateral joint line. The recommendation was made for knee arthroscopy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with joint debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The claimant has continued pain complaints following total joint arthroplasty. Post-operative imaging has failed to demonstrate acute clinical findings. The role of surgical arthroscopy in the setting of a prior joint arthroplasty without documentation of a clear clinical findings would not be supported. There would also be no clinical indication for the role of this procedure for diagnostic purposes. Given the claimant's current clinical presentation including negative imaging and nonspecific physical examination findings, surgical arthroscopy with joint debridement is not indicated. As such, the request is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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.

Polar care rental X 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.

Post-op physical therapy X 12: 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.