MAXIMUS Federal Services

Case Number:	CM14-0055631		
Date Assigned:	07/09/2014	Date of Injury:	07/10/2012
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/25/2014

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 Arizona. 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 65-year-old female who during the course of her employment sustained a slip and fall on 7/10/2012. As result of this injury, the patient was complaining of bilateral shoulder pain, bilateral knee pain and neck pain. In an initial evaluation dated 10/24/2012, she describes the pain as sharp and stabbing. It was of moderate to severe in severity and it was aggravated by standing, walking, bending, twisting, lifting, pushing and pulling. She is an insulin-dependent diabetic who also takes methotrexate for rheumatoid arthritis. Examination of the right knee revealed no swelling. There was parapatellar tenderness, full extension but painful limited flexion of the knee. The ligament tests were negative. McMurray was negative. There was no muscle weakness. Patellofemoral compression was painful. She was given Anaprox and Prilosec for her knee pain. Therapy was prescribed but the documentation is unclear on whether it was for the shoulder or the knee or both. Beginning in July 2013 requests were made for authorization for a total knee arthroplasty on the right. X-rays of the right knee revealed moderately advanced degenerative disease particularly in the medial compartment, nodular synovitis, truncated medial lateral menisci, and absent anterior cruciate and a Baker's cyst. The patient's symptoms began to increase with time and eventually she had a trial of Visco supplementation injections which she apparently did not respond to.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forty (40) Nasal Sprays of Sprix: 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) pain section,Sprix Other Medical Treatment Guideline or Medical Evidence: Sprix.com, official website.

Decision rationale: Sprix is the nasal version of Ketorolac. It is used for acute pain, not chronic pain and it should be limited to 5 days of use according to the ODG. The official website states that patients 65 years or older should have only one spray every 6-8 hours. The 40 sprays would exceed the 5 day recommendation by the ODG for patients 65 years or older. Therefore, the request for forty (40) nasal sprays of Sprix is not medically necessary.

Twelve Postoperative Physical Therapy Visits: 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.

Three (3) Day In-Patient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee section, length of stay.

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

Right Total Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Total Knee 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 ACOEM guidelines did not specifically address the criteria for total knee replacement. The ODG gives indications for surgery. The first indication is a failure of conservative care. This includes exercise therapy (supervised and home based) and medication. The patient was taking Anaprox and did have a trial of Visco supplementation injections which she did not respond to. However, there is no documentation of having physical therapy for the knee and what the results of that therapy were. The second indication is limitation of motion of greater than 90 and nighttime joint pain plus no relief with conservative care and documentation of current functional limitations demonstrating necessity for intervention. The only examination of range of motion on the chart gives her a range of flexion of 110. There is no documentation of nighttime joint pain. The chart documents that the patient is able to ambulate without support or the aid of a cane. The third indication is an age over 50 and a body mass index of less than 35. There is no documentation of body mass index. Last indication is standing x-rays which demonstrate significant loss of cartilage space in at least one of the 3 compartments. There is no documentation of standing x-rays. The x-ray studies that were done revealed moderately advanced degenerative changes in the medial compartment of the right knee and narrowing of the joint space in both compartments but no description of the amount of narrowing. Therefore, until the appropriate documentation is available to demonstrate evidence-based indications for surgery, the medical necessity for a total knee replacement has not been established.