

Case Number:	CM14-0058810		
Date Assigned:	07/09/2014	Date of Injury:	02/09/2004
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on February 9, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 5, 2014, indicated that there were no ongoing complaints. The injured employee was doing well after totally arthroplasty. The physical examination demonstrated a well healed surgical scar, no erythema, no evidence of infection, and the injured employee is weight bearing as tolerated. Flexion was noted to be 100. Diagnostic imaging studies objectified a well-positioned total knee arthroplasty. Previous treatment included medications and physical therapy. A request had been made for preoperative laboratory studies and Joint Juice and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Op Labs: CBC w/diff, MRSA, BMP, UA, PT, PTT Comprehensive Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pre-operative labs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: The records, presented, indicate that a total knee arthroplasty was completed. As part of a preoperative clearance, the laboratory studies would of been medically necessary as a routine screening device. Therefore, this is medically necessary.

Joint Juice X One (1) Month Supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford guide to Antimicrobial Therapy(ODG) Official Disability Guidelines Knee and Leg Prcedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 50 of 127.

Decision rationale: This is an over-the-counter preparation noted to contain chondroitin and glucosamine. The guidelines outlined that this medication can be recommended. However, the records reflect that there is a total joint replacement arthroplasty. As such, there is no clinical indication for ongoing chondroitin and glucosamine. Therefore, medical necessity is not established.