

Case Number:	CM14-0060000		
Date Assigned:	08/08/2014	Date of Injury:	07/11/2012
Decision Date:	09/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 Surgeon and is licensed to practice in New York. 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 54-year-old female with date of injury of July 11, 2012. The patient had left knee meniscus surgery without benefit. Her BMI is 34.2. The medical records do not document exercise therapy. The medical records do not contain a report from radiologist that documents evidence of multicompartement osteoarthritis in the knee. Adequate conservative measures have not been documented in the medical record. It is unclear whether the patient has had a recent trial and failure of conservative measures. There was no documentation of a trial of injections in the results of the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343-344.
Decision based on Non-MTUS Citation Official Disability Guidelines -TWC.

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:MTUS & ODG Knee Pain Chapter.

Decision rationale: This patient does not meet establish criteria for total knee surgery. Specifically the medical records do not document adequate conservative measures to include

knee injection and recent trial and failure of conservative measures to include physical therapy. The medical records also do not document a radiology report by certified radiologist as documented the patient has multicompartament of knee osteoarthritis. Established criteria for knee replacement surgery not met.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Pain Chapter.

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

Medical Clearance: 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 ODG Knee Pain Chapter.

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

DME & home physical therapy 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Pain Chapter.

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

Polar Care: 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 ODG Knee Pain Chapter.

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

Front wheeled walker: 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 ODG Knee Pain Chapter.

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

Elevated 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Pain Chapter.

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