

Case Number:	CM14-0067222		
Date Assigned:	07/11/2014	Date of Injury:	08/29/2013
Decision Date:	08/27/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 60 year old male with an industrial injury dated 08/29/13. An exam note 09/24/13 states patient had right knee x-rays done in which demonstrated a mild medial joint space narrowing and was diagnosed with psoriatic arthritis with underlying osteoarthritis of the right knee. An exam note 12/05/13 states patient had a Supartz injection resulting in no pain relief. The physical exam demonstrated patient had a knee flexion contracture with a range of motion at 25-130 degrees. In addition, there is evidence of warmth around the right knee with visible and palpable effusion. The plan of treatment includes a right total knee arthroplasty. Prior utilization review from 4/9/14 demonstrates no medical necessity for total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 day stay in skilled nursing facility: 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.

Electrocardiography, quantity: 1: 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.