

Case Number:	CM14-0070353		
Date Assigned:	07/14/2014	Date of Injury:	10/01/2002
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/15/2014

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 63-year-old female who sustained a vocational injury on October 1, 2012, and has been diagnosed with arthritis of the knees bilaterally. The only clinical report available for review is a handwritten note dated December 1, 2013; the copy provided was suboptimal. The note states that the claimant reported pain in the bilateral knees, left greater than right, and cannot walk, requiring the assistance of a cane to ambulate. The note also documents crepitus. This request is for a left total knee arthroplasty, urinalysis and four hours of home-health care per day for three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee replacement, left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter - Knee Replacement.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines Knee and Leg Chapter, this request would not be supported as medically necessary. The Official Disability Guidelines recommend knee arthroplasty when diagnostic studies confirm end-stage osteoarthritis and when the clinical presentation includes such as complaints as night pain, pain that affects activities of daily living, a BMI under 35 and significant abnormal physical examination findings. The factors that would support the need for surgery are not discernible, with the exception of pain and the need to use a cane to ambulate. For these reasons, the request for knee arthroplasty cannot be established as medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter - Pre-op Testing.

Decision rationale: Under California MTUS Guidelines, the request for a urinalysis would not be indicated. The reviewed records contain no documentation to suggest that the claimant is being treated with narcotics to support that the urinalysis and urine toxicity screen as medically reasonable. Urinalysis as part of pre-operative medical clearance for the requested knee arthroplasty would also not be supported, because the surgery has not been established as medically necessary. Therefore, the request for urinalysis would not be medically necessary under either scenario.

Home health care- four hours a day for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for home health care would not be supported. If the home health care request is related to the request for knee arthroplasty, the surgery has not been established as medically necessary. Therefore, post-operative home health care would not be medically necessary. If the recommendation for home health care is unrelated to the recommended surgery, this request would still not be supported, as the records do not document that the claimant is homebound on a part-time or intermittent basis or does not have the opportunity to leave the home with assistance. Therefore, the request is not medically necessary.

