MAXIMUS Federal Services

Case Number:	CM14-0075503		
Date Assigned:	08/08/2014	Date of Injury:	08/21/2008
Decision Date:	09/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 & Rehabilitation 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 injured worker had a reported injury on 08/21/2008. The date of birth was not provided. The mechanism of injury was not provided. The injured worker's diagnoses consisted of left knee multiple compartment degenerative joint disease and status post arthroscopic debridement. It was reported that the injured worker has had conservative treatment such as physical therapy, time, medications, and an arthroscopy had essentially been reported to have failed. His pain was consistent with swelling and weakness. He reported that he felt unstable and that his knee buckled at times. The injured worker did also state that he had continued to have improvement from medications as well as physical therapy that was effective for improving his pain levels, function and range of motion and overall sense of comfort. He did continue to have difficulty with kneeling, squatting, stairs and inclines. It was reported there was motion loss on extension and flexion and there was strength loss. The injured worker had an examination on 06/24/2014 to follow-up regarding his left knee. Upon examination it was noted that he had mild varus angulation. There was an effusion and antalgic gait as well as there was intolerance on deep flexion. The list of medications was not provided. The recommended plan of treatment was for the injured worker to have total knee arthroplasty surgery. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Left Knee total Knee Arthroplasty with Assitant Surgeon: 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) Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, knee joint replacement.

Decision rationale: The inpatient left knee total knee arthroplasty with an assistant surgeon is not medically necessary. The American College of Occupational and Environmental Medicine guidelines recommend referral for surgical consultation if activity limitation last for more than one month and if there was failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines indicate the criteria for knee arthroplasty to have failed conservative care such as exercise therapy, medications, plus subjective clinical findings such as limited range of motion of < 90 degrees and night time joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of interventions plus to have objective clinical findings such as over the age of 50 and body mass index of less than 35 and have imaging clinical findings of osteoarthritis on a standing x-ray or previous arthroscopy. The physician did note that the conservative care had failed although the injured worker did report improvement with medications and physical therapy. The injured worker did report that his pain levels were improving as well as his function, range of motion and overall sense of comfort. There was a lack of medications provided and the specific efficacy of those medications. There was limited range of motion that was reported although it was not specific as to less than 90 degrees, and there were no complaints of night time joint pain. There were functional limitations with difficulty of kneeling, squatting, stairs and inclines. However, there was a lack of clinical imaging findings submitted for review to support evidence of severe osteoarthritis. There was a lack of documentation of body mass index of less than 35. The clinical information fails to meet the evidence-based guidelines for the request for the surgery. Therefore, the request for the inpatient left knee total knee arthroplasty with an assistant of a surgeon is not medically necessary.

Stay 3 days: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Postoperative Physical Therapy - Left Knee 3 x 4 weeks: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

In Home Physical Therapy - Left Knee 2 x 3 week: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Preoperative Clearance: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Special MRI - Left Knee: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Long Standing X-rays - Left Knee: 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: The request as submitted did not clarify whether the requested x-ray was to be performed pre-operatively, intra-operativelyl or post-operatively to determine the

appropriateness of the imaging. As such, the request for Long Standing X-rays - Left Knee is not medically necessary.

12 Day rental of CPM Unit: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Walker with Wheels: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Shower Chair and Commode: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.