

Case Number:	CM14-0075698		
Date Assigned:	09/18/2014	Date of Injury:	02/08/2008
Decision Date:	12/05/2014	UR Denial Date:	05/20/2014
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 Orthopedic Surgery and is licensed to practice in Ohio, Tennessee, and Texas. 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 is a 61-year-old male who reported an injury on 04/19/2011. The mechanism of injury involved a fall. The current diagnoses include disc protrusion, radiculopathy, and myofascial pain syndrome. It is noted that the injured worker has been previously treated with medication management, physical therapy, injections, and bracing. The latest physician progress report submitted for review is documented on 07/23/2014. The injured worker presented with ongoing complaints of lower back pain with difficulty in performing activities of daily living. The physical examination revealed tenderness to the lumbar musculature, mild to moderate muscle spasm, decreased flexion at 40 degrees, 10 degree extension, positive straight leg raise at 50 degrees, and pain with range of motion. Treatment recommendations included continuation of the current medication regimen of Norco 7.5/325 mg, Valium 5 mg, and Butrans 10 mcg. There was no Request for Authorization form submitted for this review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 01/20/2014, Indications for surgery, 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)

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs. The Official Disability Guidelines state prior to a knee arthroplasty, there should be documentation of conservative treatment with exercise therapy and medication, or injections. Patients should be over 50 years of age with a body mass index of less than 40. There should be documentation of osteoarthritis on standing X-ray, or on a previous arthroscopy report. There was no physician progress report by the requesting physician. There were no imaging studies or X-rays provided for this review. There is no documentation of osteoarthritis of the knee. As the medical necessity has not been established, the request cannot be determined as medically appropriate at this time.

Home post-operative physical therapy, 1 x 4: Upheld

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

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.

Post-operative physical therapy, 2 x 10: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Front wheel walker:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 01/20/2014, Walking Aids

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.

Three in one commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 01/20/2014, Durable Medical Equipment.

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.

CPM machine rental for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 01/20/2014, Criteria for the use of continuous passive motion devices.

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.

Thermacooler rental x 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 01/20/2014, Cryotherapy

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.

Internal medicine consult for pre-operative clearance.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, last updated 05/10/2013, Pre operative testing.

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.

3 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Procedure summary last updated 01/20/2014, Hospital length of stay guidelines.

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.