

Case Number:	CM14-0077002		
Date Assigned:	07/18/2014	Date of Injury:	10/10/2011
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 51-year-old male who reported an injury on 10/10/2011. The mechanism of injury involved a fall. Current diagnoses include medial compartment osteoarthritis of the right knee, status post arthroscopic surgery to the right knee, internal derangement of the right shoulder with impingement, status post arthroscopic surgery of the right shoulder, and frozen shoulder. The injured worker was evaluated on 04/25/2014. Physical examination revealed various deformities of 3 degrees in the right knee, medial joint line tenderness, limited range of motion, and positive McMurray's testing. Treatment recommendations at that time included a medial unicompartamental prosthetic arthroplasty to realign the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee medial compartment prosthetic arthroplasty vs. 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.

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 & Leg Chapter, Knee Joint Replacement.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for Surgical Consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. The Official Disability Guidelines state a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medication as well as viscosupplementation or steroid injections. As per the documentation submitted, the injured worker's physical examination does reveal positive McMurray's sign, tenderness to palpation, and limited range of motion. However, there was no imaging studies provided for this review. There was no documentation of an exhaustion of conservative treatment to include exercise therapy, medications, and injections. Based on the clinical information received, the request is not medically necessary.

Post-operative Physical Therapy of the Right Knee x 24 sessions: 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.

Unspecified DME: 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.