

Case Number:	CM14-0078631		
Date Assigned:	08/08/2014	Date of Injury:	11/02/2011
Decision Date:	09/11/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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 Mississippi. 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 records presented for review indicate that this 68 year-old individual was reportedly injured on November 2, 2011. The mechanism of injury is not listed in these records reviewed). The most recent progress note, dated December, 2012, indicates that there are ongoing complaints of knee pain. The physical examination demonstrated decrease the pain. Diagnostic imaging studies objectified intra-articular degenerative joint disease of the left knee. Previous treatment includes steroid injections. A request had been made for postoperative physical therapy and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient postoperative Physical Therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Total Knee Replacement, Indications for surgery, Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The most recent progress note is more than 2 years old. It is not clear what surgical intervention occurred, what postoperative physical therapy occurred, or even the date of

surgery. Therefore, based on this lack of clinical information, this request is not medically necessary.

Cryotherapy x 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Total Knee Replacement, Indications for surgery, Knee Arthroplasty.

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

Decision rationale: There are no progress notes presented noting the surgery completed, the date of surgery, or why the requested procedure is clinically indicated. Therefore, based on this clinical information, this is not medically necessary.

CPM machine x 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Total Knee Replacement, Indications for surgery, Knee Arthroplasty.

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

Decision rationale: It is noted that the ACOEM guidelines of the MTUS does not address this topic. The parameters noted in the ODG are used. It is not clear what surgery was completed, therefore, it is not clear if a continuous passive motion machine is warranted. Based on this lack of clinical information this is not medically necessary.

MRI Scan of left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Total Knee Replacement, Indications for surgery, Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: There was no medical records presented for review establishing the clinical indication for such an evaluation. Therefore, this is not determined to be medically necessary based on lack of records presented therefore the request is not medically necessary.

DME: Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Total Knee Replacement, Indications for surgery, Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: There is no medical information presented establishing the injury sustained, or the surgical intervention. As such, there is insufficient clinical information presented to support this request therefore the request is not medically necessary.

DME: Bedside 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 - Total Knee Replacement, Indications for surgery, Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: There is no medical information presented establishing the injury sustained, or the surgical intervention. As such, there is insufficient clinical information presented to support this request.

DME: Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Total Knee Replacement, Indications for surgery, Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: There is no medical information presented establishing the injury sustained, or the surgical intervention. As such, there is insufficient clinical information presented to support this request therefore the request is not medically necessary.