

Case Number:	CM14-0088658		
Date Assigned:	07/23/2014	Date of Injury:	03/21/2006
Decision Date:	09/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 46-year-old female was reportedly injured on March 21, 2006. The mechanism of injury is noted as a slip and fall. The most recent progress note dated April 17, 2014, indicates that there are ongoing complaints of bilateral lower extremity pain, and bilateral knee pain, with a history of complex regional pain syndrome. The physical examination demonstrated a positive McMurray's sign bilaterally and tenderness over the joint lines. There was patellofemoral crepitus with range of motion. Diagnostic imaging studies were not provided. Previous treatment includes a knee arthroplasty and bracing. A request was made for a right knee total knee arthroplasty and Voltaren gel and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE TKA: 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).

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, Knee Joint Replacement.

Decision rationale: According to the Official Disability Guidelines the criteria for a total knee arthroplasty includes imaging studies which show osteoarthritis or documentation of exposed bone or chondral lesions from a previous arthroscopy. Additionally, Subjective clinical findings should show range of motion left and 90 and nighttime joint pain. Furthermore it is recommended that the injured employee be over 50 years of age. A review of the medical record does not indicate that any of the Subjective information or radiographic findings has been provided. Additionally the injured employees 46 years old. For these multiple reasons this request for a right knee total knee arthroplasty is not medically necessary.

VOLTAREN GEL, APPLY TWICE A DAY TO AFFECTED AREA, #5 TUBES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured worker has or is taking an oral anti-inflammatory or is unable to tolerate them. As such, this request for Voltaren gel is not medically necessary.