

Case Number:	CM14-0089202		
Date Assigned:	08/06/2014	Date of Injury:	05/02/1999
Decision Date:	09/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 claimant is a 69-year-old gentleman injured in work-related accident on May 2, 1999. The records available for review document an injury to the right knee. The report of an MR arthrogram dated February 18, 2014, showed complete tearing of the anterior cruciate ligament, chronic in nature, with Grade III to Grade IV changes to the medial compartment cartilage and moderate tendinosis to the infra-patellar tendon. Upon orthopedic assessment on April 22, 2014, the claimant reported continued complaints of knee pain, despite two prior surgeries of the ACL. The report noted that the claimant had not been treated with viscosupplementation or corticosteroid injections. He has a body mass index of 33. Physical examination showed 0 to 100 degrees range of motion and no evidence of instability, despite chronic tearing to the ACL. Plain film radiographs showed medial compartment osteoarthritic change. Based on failed conservative care, both viscosupplementation injections and total joint arthroplasty were recommended. The claimant declined injection therapy and stated a desire to proceed with surgical process. This request is for: a right knee total arthroplasty; a two-day inpatient hospital stay postoperatively; the three-week rental of a CPM machine postoperatively; 18 sessions of postoperative physical therapy; preoperative cardiac clearance; the postoperative use of a front-wheeled walker; the postoperative use of Celebrex; and the postoperative use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 (ODG), Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure - Knee joint replacement.

Decision rationale: Based on California ACEOM Guidelines and Official Disability Guidelines, right knee total arthroplasty would not be indicated. Guidelines criteria would support knee arthroplasty following a course of conservative care, including injections, and activity limitations. This claimant has not been treated with injection therapy, and the records in this case do not reference a period of activity limitation. The request for knee arthroplasty does not satisfy guidelines criteria and, therefore, would not be established as medically indicated.

2 Day Inpatient Stay: 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.

CPM Rental x 3 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op Physical Therapy 3 x 6: 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.

Pre-Op Cardiac Clearance with Consult and Testing: 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.

Front Wheel Walker: 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.

Celebrex 200mg #150: 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.

Norco 10/325 # 150: 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.