

Case Number:	CM14-0090816		
Date Assigned:	07/25/2014	Date of Injury:	09/03/2004
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 and 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 records presented for review indicate that this 63 year-old male was reportedly injured on 9/3/2004. The mechanism of injury is noted as a fall. The most recent progress note, dated 3/12/2014, indicates that there are ongoing complaints of bilateral knee pain, and obesity. No medical treatment records were submitted for review. However, the primary treating physician's re-evaluation and request for authorization report dated 5/7/2014 states patient's current weight is 278 pounds, BMI is not listed. Bilateral knees are becoming more painful. Right knee needs revision and left knee needs an artificial knee. Patient has failed conservative treatment. No recent diagnostic studies are available for review. Previous treatment includes right and left knee arthroscopy, medications, and conservative treatment. A request had been made for bilateral knee surgery, 2nd opinion from bariatric surgeon, psychiatric treatment, and consult for orthopedic 2nd opinion and was not certified in the pre-authorization process on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee surgery: 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) 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 and Leg. (Acute and Chronic) Knee Joint Replacement. Updated 8/25/2014. (Electronically sited).

Decision rationale: Official Disability Guidelines (ODG) listed find criteria for knee joint replacement. Failure of conservative treatment to include physical therapy, home exercises, medications, and injections. Limited range of motion less than 90, nighttime joint pain, and no pain relief with conservative care. Documentation of current functional limitations. Greater than 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on weight bearing radiographs document significant loss of joint space in at least one of the 3 compartments with a varus or valgus deformity. Previous arthroscopy documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted. It is noted that the injured worker does have bilateral knee pain, however there is no significant documentation of radiographs, or physical exam findings justifying knee surgery. Therefore this request is deemed not medically necessary.

Bariatric Surgeon second opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual. Obesity and the Metabolic Syndrome. Bariatric Surgery.

Decision rationale: Indications for Bariatric Surgery list the following body mass index greater than 40, or BMI + a serious complications such as diabetes, hypertension, sleep apnea, or high risk lipid profile. Patient must be an acceptable operative candidate. Patient must be well-informed and motivated. Patient must have 6 unsuccessfully tried all reasonable nonsurgical methods to lose weight and manage obesity-associated complications. After review the medical records provided patient's weight was listed, but the BMI is unknown. Therefore lacking pertinent information this request is deemed not medically necessary.

Supportive Psychiatric Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: MTUS guidelines support psychological treatment for chronic pain with co-morbid mood disorders, to include depression, anxiety, panic disorder and PTSD. The guidelines suggest following a "stepped-care" approach to pain management that involve psychological intervention, cognitive behavioral therapy and self-regulatory treatments. After review of the medical records provided, there is no documentation of any mental health

condition. Therefore, lacking pertinent documentation, this request is deemed not medically necessary.

Ortho Consult Second Opinion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The MTUS supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, the requested referral is considered not medically necessary.