

Case Number:	CM14-0093795		
Date Assigned:	07/25/2014	Date of Injury:	04/30/2012
Decision Date:	10/02/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 70 year old male who reported an injury to his left knee on 04/30/12 when he was stacking wine and felt the left knee pop. The injured worker presented to the emergency department the following day with complaints of severe left knee pain. The injured worker was provided with Vicodin and a knee immobilizer as well as crutches. Radiographs confirmed the injured worker having degenerative changes throughout the left knee. The injured worker was subsequently treated with physical therapy as well as continued medications. The injured worker complained of persistent symptoms. An MRI of the left knee confirmed the degenerative abnormalities. The injured worker was also diagnosed with a torn lateral meniscus as well as chondromalacia and osteoarthritis. A surgical procedure was completed on 06/27/12 involving partial medial and lateral meniscectomies at the left knee. The injured worker underwent a postoperative course of physical therapy as well as a Corticosteroid injection secondary to the persistent pain. The injured worker continued with persistent limping thereafter. The note indicates the injured worker having subsequently returned to work. The injured worker rated his left knee pain as 8/10. The clinical note dated 04/10/14 indicates the injured worker continuing with pain rated as a 5 to 7/10 on visual analog scale (VAS) at the left knee. The injured worker was able to demonstrate full range of motion at both knees. Tenderness was identified at the medial and lateral joint lines. The clinical note dated 05/29/14 indicates the injured worker being recommended for a left knee arthroplasty. The utilization review dated 06/11/14 resulted in a denial for a left knee arthroplasty as insufficient information had been submitted regarding an updated picture of the injured worker's clinical findings. No information had been submitted regarding the injured worker's updated imaging studies confirming the injured worker's pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement surgery with assistant surgeon: Upheld

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

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 Chapter, Knee joint replacement

Decision rationale: The documentation indicates the injured worker complaining of left knee pain. A knee arthroplasty is indicated for injured workers who have completed all conservative treatments with ongoing symptomology and imaging studies confirm the injured worker's significant pathology. No information was submitted regarding the injured worker's significant range of motion deficits. No information was submitted regarding the injured worker's updated clinical findings confirming the need for a surgical intervention. Additionally, no imaging studies were submitted confirming the injured worker's degenerative findings at the left knee. Given these factors, the request is not indicated as medically necessary.

IP-LOS x3: 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 med necessary, none of the associated services are medically necessary.

Labs, Pre operative medical clearance: 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 med necessary, none of the associated services are medically necessary.

HHN 1 x 3: 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 med necessary, none of the associated services are medically necessary.

HHA PT 3 x 3: 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 med necessary, none of the associated services are medically necessary.

Post Op PT 2-3 x 4: 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 med necessary, none of the associated services are medically necessary.