

Case Number:	CM14-0086505		
Date Assigned:	07/23/2014	Date of Injury:	12/07/2004
Decision Date:	01/08/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Minnesota. 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 72 year old male with a history of bilateral knee pain. The left knee pain started in April 2008 from moving heavy furniture. He underwent 2 left knee surgeries including a left total knee arthroplasty in 2010 and manipulation under anesthesia. He still has residual intractable left knee pain. The right knee injury was in 1990 when he twisted the knee while moving supplies to clinic areas. He underwent 2 right knee surgical procedures and has evidence of degenerative arthritis. A request for a right total knee arthroplasty was denied by UR for lack of a recent workup, no documentation of conservative care, and absence of recent imaging studies. A request for a left revision total knee arthroplasty was non-certified for lack of rationale for reported failure of the total knee arthroplasty and absence of a workup for infection or other reason for the failed arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health services, 6 hours per day, 7 days per week: 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 Home Health Services Page(s): 51.

Decision rationale: The guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound on a part time basis. Medical treatment does not include home-maker services like shopping, cleaning, and laundry, and personal cares like bathing, dressing, and using the bathroom. The available documentation does not indicate that the injured worker is home bound and also does not indicate need for medical treatment at home. As such, the request for home health services is not supported by guidelines and is not medically necessary.

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, Criteria for 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) Section: Knee, Topic: Total Knee arthroplasty

Decision rationale: California MTUS does not address the criteria for a total knee arthroplasty. ODG guidelines indicate need for documentation of failed comprehensive recent conservative care with exercise therapy, medication, viscosupplementation, or corticosteroid injections, and recent imaging studies which have not been provided. Based upon the above the criteria per ODG guidelines are not met and the requested total knee replacement is not medically necessary.

Left knee revision 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, Criteria for 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) Section: Knee Topic: Revision Total knee arthroplasty

Decision rationale: California MTUS does not address this issue. ODG guidelines for revision total knee arthroplasty include evidence of conservative care, presence of fracture or dislocation of the patella, instability or aseptic loosening, infection, or peri-prosthetic fractures. The available documentation does not include a work-up for infection or loosening. There is no evidence of the presence of other indications for revision surgery and the rationale for the same is not submitted. Based upon the above guidelines, the request for a revision left total knee arthroplasty is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Urine drug screen is recommended to assess the presence of illegal drugs. The medical records are unclear about the risk level for use of illegal drugs such as aberrant behavior /misuse and so the requested urine toxicology screen is not supported by guidelines and is not medically necessary.