

Case Number:	CM14-0089975		
Date Assigned:	09/25/2014	Date of Injury:	08/14/2012
Decision Date:	03/27/2015	UR Denial Date:	05/15/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57-year-old male who reported injury on 02/28/2013. The mechanism of injury occurred when the injured worker was picking up all the tools and operating a tow truck, and was changing the wood to a boom machine; and the wood was rotten; and as the injured worker took a step backwards, he fell. Prior therapies included physical therapy. The injured worker underwent a total knee replacement in 2012 and left knee replacement in 2014. The injured worker underwent right shoulder surgery. The injured worker underwent right knee surgery in 2003. The most recent submitted documentation was dated 07/16/2014, and it was for the left knee. The injured worker was noted to undergo a left knee replacement in 03/2014, and a left knee arthroscopy on 07/13/2013. There were no physical examination findings for the right knee. There was no treatment plan submitted for the right knee. The documentation indicated the injured worker should have a Spanish translator throughout each visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Replacement 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, Knee and Leg Chapter, Total 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 & Leg Chapter, Knee joint replacement

Decision rationale: The Official Disability Guidelines indicate that a knee joint replacement is recommended if there is documented conservative care including exercise therapy and medications, plus limited range of motion of less than 90 degrees for total knee replacement and nighttime joint pain, and no pain relief with conservative care, and documentation of current functional limitations demonstrating necessity for an intervention; plus the injured worker should be over 50 years of age and have a body mass index of less than 40 degrees. There should be documentation of osteoarthritis on standing x-rays or with prior arthroscopy. The clinical documentation submitted for review failed to provide documented findings for the right knee. The most recent documentation was dated 07/16/2014 and was noted to be for the left knee. There were no objective findings. There was no MRI or x-ray or prior surgical report for the right knee. There was a lack of documentation meeting the above criteria per the referenced guidelines. Given the above, the request for right knee replacement surgery is not medically necessary.

Spanish translator to be present for all medical office visits and procedures.: 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: McDowell, L., Messias, D. K. H., & Estrada, R. D. (2011). The work of language interpretation in health care: complex, challenging, exhausting, and often invisible. *Journal of Transcultural Nursing*, 1043659610395773.

Decision rationale: Per McDowell, L., Messias, et. al, (2011), "The value of qualified language interpretation services for limited-English-proficient patients is gaining increasing recognition by policy makers and researchers in the United States." This request would be appropriate. However, there was a lack of documentation indicating the quantity of office visits and procedures being requested. As such, without documentation of the quantity of visits being requested, this request cannot be supported. Given the above, the request for Spanish translator to be present for all medical office visits and procedures is not medically necessary.