

Case Number:	CM15-0005253		
Date Assigned:	01/26/2015	Date of Injury:	06/02/2010
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 50 year old female, who sustained an industrial injury on June 2, 2010. She has reported striking her left knee on a refrigerator door. The diagnoses have included left knee degenerative joint disease. Treatment to date has included medications, radiological imaging, and physical therapy. Currently, the IW complains of continued left knee pain. Current radiological imaging reports are not available for this review. The records indicate a magnetic resonance imaging of the left knee was completed on July 8, 2014, which reveals, a tear to the root sleeve attachment of the medial meniscus. On December 31, 2014, Utilization Review non-certified left knee arthroscopy, and inpatient stay for three days, and assistant surgeon, and Lovenox 30 mg, quantity #28 injections, and Oxycodone 10 mg, quantity #40, and Oxycontin 10 mg, quantity #20, and post-operative physical therapy, 12 visits, and continuous passive motion for 14 days, and cold therapy unit for 14 days, and a walker, based on ACOEM, MTUS, Chronic Pain Medical Treatment, and ODG guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of left knee arthroscopy, and inpatient stay for three days, and assistant surgeon, and Lovenox 30 mg, quantity #28 injections, and Oxycodone 10 mg, quantity #40, and Oxycontin 10 mg, quantity #20, and post-operative physical therapy, 12 visits, and continuous passive motion for 14 days, and cold therapy unit for 14 days, and a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Total Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/knee.htm>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Replacement Chapter

Decision rationale: The ODG guidelines set out criteria for Knee Arthroplasty. This patient does not meet those criteria. Documentation should show the worker has failed conservative therapy of exercise and medications. Documentation shows the worker did improve on NSAIDS. However a program to achieve optimum efficacy starting with first line recommended medication is not in evidence in the documentation. Indeed a rationale and a program monitoring tramadol is not in evidence. Details about a home exercise program and its results are not provided though guidelines firmly recommend a progressive strength training program. The worker does not meet the guidelines range of motion limitation. Thus the requested treatment: Left knee total arthroplasty is not medically necessary and appropriate.

Associated Surgical Service: Inpatient Stay (3-days): 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.

Associated Surgical Service: Assistant Surgeon: 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.

Associated Surgical Service: Lovenox 30mg #28 Injections: 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.

Associated Surgical Service: Oxycodone 10mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

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.

Associated Surgical Service: Oxycontin 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left knee total arthroplasty is not medically necessary and appropriate, the Requested treatment: associated surgical service: Oxycontin 10mg#20 is not medically necessary and appropriate

Decision rationale: Since the requested treatment: Left knee total arthroplasty is not medically necessary and appropriate, the Requested treatment: associated surgical service: Oxycontin 10mg#20 is not medically necessary and appropriate.

Associated Surgical Service: Post-Operative Physical Therapy (12-visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Associated Surgical Service: CPM (14-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/knee.htm>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left knee total

arthroplasty is not medically necessary and appropriate, the Requested treatment: associated surgical service: CPM(14-days) is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Left knee total arthroplasty is not medically necessary and appropriate, the Requested treatment: associated surgical service: CPM(14-days) is not medically necessary and appropriate.

Associated Surgical Service: Cold Therapy Unit (14-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/knee.htm>)

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.

Associated Surgical Service: Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/knee.htm>)

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.