

Case Number:	CM15-0005987		
Date Assigned:	01/20/2015	Date of Injury:	05/20/2009
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
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:

This 56 year old male maintenance worker sustained an industrial injury on 05/20/2009. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with bilateral knee arthralgia, rule out internal derangement, cervical spine strain, lumbar spine strain, status post right knee replacement, status post right shoulder total arthroplasty 8/22/2013, left shoulder arthroplasty 07/29 and then revision total shoulder arthroplasty of both components 08/12/2014, bilateral plantar fasciitis, right shoulder end stage arthritis, left shoulder moderate arthritis, and bilateral knees chondromalacia. Treatment to date has included physical therapy, oral medication regimen, medicated creams, and above listed surgical procedures. Currently, the injured worker complains of stiffness and pain to the bilateral knees rated a four on a scale of one to ten. The documentation provided did not contain a rationale for the current requested treatments noted below, along with the reason for the requested treatments. On 12/24/2014 Utilization Review non-certified total left knee arthroplasty, assistant surgeon, 2 to 3 day inpatient stay, prescription for Lovenox, physical therapy 3 times a week for 4 weeks, continuous passive motion machine, and medical clearance with laboratory studies, electrocardiogram, and chest x-ray, noting the Official Disability Guidelines-Treatment in Workers' Compensation, Knee and Leg Procedure Summary last updated 10/27/2014, Indications for Surgery, Knee Arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee arthroplasty: 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), Knee and Leg Procedure Summary, Indication for surgery, Knee arthroplasty

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

Decision rationale: First the PR2 of 11/20/2014 indicated the worker's pain had improved down to a 4/10 following physical therapy sessions. The PR2 of 9/29/2014 indicated he did not like to take pain medication due to fear of causing liver problems. The PR2's do not include documentation of range of motion or the results of stress testing to aid in the decision to recommend repeat surgery. According to the ODG guidelines the worker should have failed conservative therapy and the documentation shows he is improving. The guidelines state that the symptoms and physical exam findings should correlate with imaging findings demonstrating the necessity for intervention and this is not the case. Documentation does not show how much his range of motion is limited. In addition note is made that he is obese but no weight or BMI determination is found. Thus total knee arthroscopy is not medically indicated or appropriate.

Lovenox; strength and quantity not indicated: 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 Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: lovenox is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: physical therapy, 3 times a week for 4 weeks; 12 sessions: 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 Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: physical therapy, 3 times a week for 4 weeks; 12 sessions is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: CPM machine: 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 Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: CPM machine is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: medical clearance is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: labs: 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 Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: labs is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: EKG: 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 Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: EKG is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: chest x-ray: 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 Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: chest x-ray is not needed

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: assistant surgeon is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 2-3 day hospital stay: 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 Since the requested medical treatment: total knee arthroplasty is not recommended then the associated surgical service: 2-3 day hospital stay is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.