MAXIMUS Federal Services

Case Number:	CM15-0143418		
Date Assigned:	08/05/2015	Date of Injury:	10/08/2008
Decision Date:	09/30/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic 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 43-year-old male, with a reported date of injury of 10-08-2008. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include left knee severe osteoarthritis, status post left anterior cruciate ligament reconstruction, loose graft of anterior cruciate ligament (ACL) reconstruction of the left knee, status post left arthroscopy with partial medial and lateral meniscectomy times two, left knee multiple loose bodies, and sleep disorder. Treatments and evaluation to date have included left knee arthroscopy with partial medial and lateral meniscectomy on 06-11-2013; left knee arthroscopy with partial medial and lateral meniscectomy on 06-05-2014; oral medications, and knee injections. The diagnostic studies to date have included a CT scan of the left knee on 02-06-2014, which showed two small loose bodies, a larger osseous loose body, a small intercondylar notch loose, a small bony loose body, fragmentation of the anterior tibial tuberosity with patellar tendon thickening, and tricompartmental degenerative change and a joint effusion. The progress report dated 06-08-2015 indicates that the injured worker was taking Ibuprofen and Omeprazole as needed for his increased stomach pain. It was noted that the injured worker was not attending therapy, and was not working. He indicated that there was increased pain on the left knee with occasional popping and giving out. The objective findings included crepitus medially, laterally, and under the patella; tenderness over the medial and lateral joint line; positive McMurray's maneuver medially and laterally; and moderate joint effusion. It was noted that the diagnostic studies included an x- ray of the left knee on 02-16-2015, which showed medial compartment narrowing to about 3mm and the lateral compartment to about 3 to 4mm, osteophytes on the superior and

inferior patella and on the anterior tibial, possibly lateral, dystrophic calcification in the patellar tendon, and two metal screws from ACL reconstruction. The treatment plan included the continuation of Ibuprofen 800mg and Omeprazole 20mg, which were previously prescribed; a left total knee replacement and 2 to 3 day inpatient stay with associated requests. It was documented that the Warfarin, hydrocodone-acetaminophen, Levaquin, and Lunesta were post-surgery medications. The injured worker was instructed to remain off work until 07-17-2015.The treating physician requested left total knee replacement; Warfarin 1mg #60, 2mg #60, 5mg #60; Hydrocodone- Acetaminophen 5-325mg #60; Ibuprofen 800mg #90; Omeprazole 20mg #30; Levaquin 500mg #10; Lunesta 1mg #90; post-operative home physical therapy; MRI of the left knee; front- wheeled walker; raised toilet seat; shower chair; continuous passive motion (CPM) unit; post- operative cooling unit; coagulation studies following discharge from hospital; dressing changes to be performed at home; methicillin-resistant staphylococcus aureus (MRSA) screening; chlorhexidine liquid soap; and Mupirocin 2% ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG), Knee Chapter (Online Version), Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement that includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. In this case, the worker is 43. Therefore, the request is not medically necessary.

Associated Service: Inpatient Stay (2-3 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 Service: MRI of the Left Knee: 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 Service: Front Wheeled Walker: 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 Service: Raised Toilet Seat (High John): 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 Service: Shower Chair: 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.

Post-op Continuous Passive Motion (CPM) for six weeks: 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.

Post-op Cooling Unit for six weeks: 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 Service: Coagulation studies follow hospital discharge, once per week for six weeks: 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 Service: In-Home Dressing Changes, three to five times per week for three weeks: 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 Service: Home Physical Therapy three times per week for three to five weeks: 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 Service: Methicillin-Resistant Staphylococcus Aureus (MRSA) Screening: 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 Service: Chlorhexidine (CHG) liquid soap: 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.

Mupirocin 2% ointment 22 grams: 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 Official Disability Guidelines (ODG) knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Warfarin 1mg #60, 2mg #60, 5mg #60: 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.