

Case Number:	CM15-0168849		
Date Assigned:	09/09/2015	Date of Injury:	08/24/2009
Decision Date:	10/28/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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, Montana
 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 62 year old male who sustained an industrial injury on 8-24-09. The diagnosis is right knee degenerative joint disease. In a progress report dated 6-22-15, the treating physician notes the injured worker's current status has worsened. Right knee range of motion is 20 degrees-102 degrees. There is 1+ effusion, positive varus deformity and positive medial joint line tenderness. Motor strength is decreased in the right quadricep. He is status post revision left total knee replacement on 3-4-14. Left knee range of motion is 0 degrees-102 degrees. There is trace effusion. He has been attending physical therapy and reports he is making no improvement with this. In a physical therapy discharge report dated 6-4-15 as visit #8, it is noted the injured worker reports no change in his right knee symptoms. He is not able to straighten his knee completely and has pain with walking more than 100 feet. Work status is modified duty with no prolonged weight bearing and no squatting or kneeling. On 8-14-15, utilization review did not certify the requested treatment of right total knee replacement, assistant surgeon, associated surgical service: 3 days inpatient stay, and post-operative physical therapy, 12 sessions. He has not had viscous injections in right knee and nocturnal pain is not documented. Extensive home exercises is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: To fulfill California MTUS criteria for a total knee replacement the documentation should show failure of knee viscous injections as well as nocturnal knee pain and a failure to improve with a program of conservative therapy with a home exercise program. Documentation does not provide this substantiation. The requested treatment: Right total knee replacement is not medically necessary and appropriate.

Associated surgical service: 3 Days inpatient stay: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

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 physical therapy x 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 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.