

Case Number:	CM15-0169080		
Date Assigned:	09/09/2015	Date of Injury:	04/01/2014
Decision Date:	10/28/2015	UR Denial Date:	07/31/2015
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 55-year-old male who sustained an industrial injury on April 1, 2014 resulting in right knee pain. Diagnosis is right knee osteoarthritis. Documented treatment includes ice; cortisone and viscosupplementation injections which provided temporary relief; anti-inflammatory medication; and, 12 physical therapy visits which note of July 8, 2015 states resulted in less pain during the night but range of motion is still limited by stiffness, and his knee was at 42.5 percent maximal function after the 12th session. Right knee flexion had increased from 105 to 120 degrees; left knee was at 125. The injured worker continues to report intermittent right knee pain and stiffness which shoots down his right leg and progresses with activity and fatigue. He works with restrictions. The treating physician's plan of care includes right knee surgery including an assistant surgeon, 12 sessions of post-operative physical therapy, and a CT scan of the right knee without contrast and with confirmis. The surgery has been denied by the expert reviewer stating that there was lack of documentation showing failure of exercise therapy, limited range of motion less than 90 degrees, nighttime joint pain, and no pain relief with conservative care deeming the surgery not medically necessary. Documentation indicated the patient was only intermittently taking pain medication and had a full range of motion of the knee in the mornings which might dwain with activity later in the day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines do recommend surgery for patients who have failed conservative treatment for specific pathology. Documentation was not provided to show the patient met the criteria for surgical consideration. The requested treatment: Right knee surgery is not medically necessary and appropriate.

12 session of post op physical therapy: 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.

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.

CT scan of right knee without contrast and with conformis: 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.