

Case Number:	CM15-0022969		
Date Assigned:	02/12/2015	Date of Injury:	07/30/2012
Decision Date:	05/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 58-year-old male who reported an injury on 07/30/2012. The mechanism of injury was not specifically stated. The current diagnosis is status post total knee replacement on 12/03/2013. The injured worker presented on 12/04/2014 with complaints of persistent right knee pain. The current medication regimen includes Percocet 10/325 mg. The injured worker was also status post right knee arthroscopy in 04/2014. There was no physical examination provided on that date. It was noted that the injured worker was pending laboratory studies to include a CRP and an ESR to rule out infection. Recommendations at that time included possible open debridement with revision. It was also noted that the injured worker underwent a CT scan of the right knee on 11/24/2014, which revealed evidence of the right total knee arthroplasty with patellar resurfacing component. The prosthetic components were well seated and well aligned. There was no fracture, dislocation, or misalignment observed. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee debridement, revision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. In this case, there was a lack of objective functional deficits noted on physical examination. The injured worker's CT scan of the right knee was unremarkable. There was no evidence of a recent attempt at any conservative treatment prior to the request for an additional surgical procedure. Given the above, the request is not medically necessary.

Post-operative physical therapy x 12: 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.