

Case Number:	CM15-0050507		
Date Assigned:	04/15/2015	Date of Injury:	07/14/2007
Decision Date:	06/02/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 46 year old female who sustained an industrial injury on 7/14/07. The mechanism of injury was unclear. Diagnoses include status post left medial unicompartmental arthroplasty with residual pain (9/29/11); complex tear of the body and posterior horn of medial meniscus, status post arthroscopy to include partial meniscectomy (12/10/07); left knee pain; mild patellofemoral syndrome, secondary to quadriceps weakness and tight iliotibial band; left knee chondromalacia patella; left hip pain. Treatments to date include intraarticular cortisone injection into the left knee (12/27/13) with relief; injection into the bursa of pes anserinus tendon (4/25/14) with no relief but more pain; home exercise program. Diagnostics include bone scan (1/14) showing some uptake at medial aspect of the left knee by tibial compartment); three phase imaging bone scan (9/5/14), showing increased activity in the left knee; x-ray left knee (1/30/15) showing stable appearance of the medial compartment prosthesis. The latest physician progress note submitted for review is documented on 02/06/2015. The injured worker presented for a follow-up evaluation. It was noted that the injured worker had been previously treated with a right shoulder cortisone injection. The injured worker was also utilizing ibuprofen 800 mg, Norco 10/325 mg, and Percocet 10/325 mg. Upon examination of the right shoulder, there was positive impingement. There were no new lesions or scars noted. The injured worker was given a repeat injection of Kenalog and lidocaine for the right shoulder pain. Recommendations at that time included a followup evaluation and continuation of the current home exercise program. 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:

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The CA 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. According to the Official Disability Guidelines, a knee joint replacement is recommended for patients with 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medication or injections. There should be evidence of osteoarthritis on standing x-ray, or a previous arthroscopy report. In this case, there was no recent comprehensive physical examination of the left knee provided. There was no mention of a recent attempt at any conservative treatment for the left knee. The medical necessity for the requested procedure has not been established in this case. As such, the request is not medically necessary.

Associated surgical service: Inpatient hospital stay x 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 surgical service: In home physical therapy x 6: 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: 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.

Associated surgical service: DME (non-specific): 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: RTS (non-specific): 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.

Coumadin 4 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 surgical service: 7 Day skilled nursing facility: 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.

Associated surgical 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.