

Case Number:	CM15-0051436		
Date Assigned:	04/15/2015	Date of Injury:	07/25/2011
Decision Date:	07/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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
 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 female, who sustained an industrial injury on July 25, 2011. The injured worker had reported bilateral knee pain. The diagnoses have included bilateral osteoarthritis of the knees and status post left knee arthroscopic debridement. Treatment to date has included medications, radiological studies, chiropractic care, Synvisc injection, physical therapy and left knee surgery. Current documentation dated January 28, 2015 notes that the injured worker reported no change in her knees. The pain level of the bilateral knees was rated at a six out of ten on the visual analogue scale bilaterally. Examination of the knees revealed greater right knee pain than the left knee. The injured worker was noted to walk with a limp and had a limited squat to twenty degrees. Supine examination revealed tenderness of the patellofemoral and medial joint line greater than lateral. A McMurray test was positive bilaterally with spasm. Range of motion was noted to be decreased bilaterally. The treating physician's plan of care included a request for one Synvisc injection to the right knee, left total knee replacement, three to five day inpatient stay, assistant surgeon, autologous two units, pre-operative internal medical clearance, pre-operative labs, electrocardiogram, post-operative physical therapy, purchase of a cold therapy unit and pad, purchase of crutches, purchase of a front wheel walker, purchase of a knee brace, purchase of a raised toilet seat, Ambien and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection to the Right Knee: 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.

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- Hyaluronic acid injections.

Decision rationale: Hyaluronic acid injections are recommended by the Official Disability Guidelines as a possible treatment for severe osteoarthritis of the knee. The guidelines recommend the injections for those patients who have not responded adequately to conservative treatments of exercise, NSAIDs or acetaminophen. Documentation does not contain details as to the extent of these treatments. Therefore, the requested treatment is not medically necessary and appropriate.

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 arthroplasty.

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

Decision rationale: The Official Disability Guidelines recommend the patient's Body Mass Index (BMI) be less than 40 before undergoing a total knee replacement. Documentation does not contain this information. The guidelines recommend supervised physical therapy and or home exercise program. Documentation does not contain this information. Therefore, the requested treatment is not medically necessary and appropriate.

Inpatient Stay (3-5 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.

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.

Pre-Operative Internal Medical Clearance: 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.

Pre-Operative Labs: CBC and Chem 7: 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.

Pre-Operative EKG: 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-Operative Physical Therapy (5 times a week for 2 weeks followed by 2 times a week for 3 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: Crutches (purchase): 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: Cold Therapy Unit & Pad (purchase): 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 Wheel Walker (purchase): 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: Raised Toilet Seat (purchase): 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: Knee Brace (purchase): 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.

Norco 10mg, #50: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-76.

Decision rationale: The California MTUS guidelines recommend that the use of opioids should be part of a treatment plan. The documentation does not disclose what this plan is. The requested treatment does not contain the frequency with which the Norco is supposed to be taken.

Therefore, the requested treatment is not medically necessary and appropriate.

Ambien 10mg, #12: 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), Pain Chapter.

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

Decision rationale: The Official Disability Guidelines recommend Zolpidem's (Ambien) dosage to halved in women as there has been reported a 3-fold increased risk for early death. Documentation shows this recommendation is not being followed. The guidelines recommend no more than a seven to ten day treatment be utilized. Documentation shows this recommendation is not being followed. Therefore, the requested treatment is not medically necessary and appropriate.