

Case Number:	CM15-0051513		
Date Assigned:	03/25/2015	Date of Injury:	04/30/2004
Decision Date:	05/12/2015	UR Denial Date:	02/20/2015
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: California
 Certification(s)/Specialty: Orthopedic 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 66-year-old female who reported an injury on 04/30/2004. The mechanism of injury was not provided. The documentation of 02/16/2015 revealed the injured worker had left knee pain full range of motion with restriction and the injured worker was walking with a limp. The injured worker had symptomatic extreme DJD changes to the left knee. The X-rays revealed advanced narrow bone on bone medial joint space. The diagnosis includes severe degenerative joint disease, left knee and the treatment plan included a knee replacement. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox 40 mg Qty, 2 Little Bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis.

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.

Total Knee Replacement, Left 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 & Leg and Indications for Surgery - 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 & Leg Chapter, Knee joint replacement.

Decision rationale: Official Disability Guidelines indicate that knee joint replacement is recommended when there is documentation that exercises therapy and medications have failed. There should be documentation of limited range of motion of less than 90 degrees and nighttime joint pain and there should be documentation of no pain relief with conservative care. There should be documentation of current functional limitations demonstrating necessity of intervention plus the injured worker should be over 50 years of age and have a body mass index of less than 40. The injured worker should have documented osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated the injured worker was over 50 and had osteoarthritis on standing x-rays. However, there was a lack of documentation of a failure of conservative care, limited range of motion, no pain relief with conservative care, and there was a lack of documentation of current functional limitations. The body mass index was not indicated. Given the above, the request for total knee replacement, left knee is not medically necessary.

2-3 day In-patient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Length of Stay (LOS).

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.

Front Wheel Walker for Left Knee, purchase: 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 & Leg - Walking aids.

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.