

Case Number:	CM14-0122608		
Date Assigned:	08/06/2014	Date of Injury:	02/12/2010
Decision Date:	10/27/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 69 year old gentleman who injured his left knee in a work related accident on 02/12/10. The medical records provided for review documented that, following a course of conservative care, the claimant underwent a left unicompartmental knee replacement on 04/21/14. The postoperative clinical report of 06/03/14 described that the claimant was doing better and had range of motion of the left knee of 3 - 110 degrees, did not use an ambulatory device, and only had a mild limp. The clinical report documented the presence of minimal swelling but no true subjective complaints. There were no reports of postoperative plain film radiographs for review. The report of the follow up evaluation dated 07/08/14 documented that the claimant's surgical process for the right knee was denied and his current diagnosis was medial compartment osteoarthritis. Physical examination revealed full range of motion of the right knee with no laxity or effusion and only mild tenderness of the medial joint line. There are multiple postoperative requests in this case to include a postoperative use of a walker, a knee brace, a 5 day skilled nursing facility stay, as well as second request to include 12 sessions of physical therapy for the contralateral right knee for which the claimant is being recommended a unicompartmental arthroplasty. In addition to the left knee postoperative requests, there is a request for 12 sessions of physical therapy for the claimant's diagnosis of right knee medial compartment osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled Nursing Facility 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg, Skilled Nursing Facility

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: Skilled nursing facility LOS (SNF)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not support the request for five days in a skilled nursing facility. There are no postoperative clinical records indicating the need for skilled nursing or how much skilled nursing has taken place. Postoperative clinical follow up of June 2014 indicated the claimant was doing quite well and independent ambulation and function. There is no documentation in the records provided for review to support the request for five days stay in a skilled nursing facility. Therefore the request is not medically necessary.

Post-operative Panel Knee Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: California ACOEM Guidelines do not support the request for a knee brace. Typically, following this surgery, ambulation is recommended with the assistance of an ambulatory device. There is no clinical indication for knee bracing following arthroplasty. There is no documentation or evidence of ligamentous laxity or instability in the postoperative setting. The need of bracing following this claimant's unicompartmental procedure cannot be supported. Therefore the request is not medically necessary.

Post Operative Walker: Overturned

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

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; Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for postoperative use of a walker is recommended as medically necessary. A walker for assisted support in ambulation would be indicated following unicompartmental arthroplasty. Therefore the request is medically necessary.

