MAXIMUS Federal Services

| Case Number: | CM14-0142466 | | |
|---|---|---|---|
| Date Assigned: | 10/23/2014 | Date of Injury: | 03/30/1999 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

## 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 Spine Surgery, and is licensed to practice in New York. 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 patient has a date of injury of March 30, 1999. The patient is a 50 tear old female. She injured her knee when getting up from a seated position network. She's been diagnosed with failed left total knee replacement. The patient has persistent instability due to malrotation of the components. By the patient has been persistently symptomatic, she has not been recommended for revision arthroplasty. The patient has had intra-articular left knee injection. At issue is whether additional treatments of the left knee are medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Orthopedic Pre-op appointment:** Upheld

**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 MTUS knee pain chapter

**Decision rationale:** The medical records indicate that the patient has not been indicated for revision knee surgery. The patient has seen a knee specialist and revision knee arthroplasty has not been recommended. Therefore, preoperative evaluation not medically necessary.

**Associated Surgical Service: Retrospective Left knee injection of intra-articular left knee joint, injected with 0.25% Marcaine with epinephrine solution. In addition, 2cc of Decadron was placed into the joint with 2cc toradol (60mg) given 8/7/2014:** 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, Corticosteroid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter, ODG knee pain chapter

**Decision rationale:** ODG guidelines do not recommend intra-articular knee injections after total knee replacement. ODG states that intra-articular injections are recommended for short-term use only for osteoarthritis knee pain. This patient has had total knee replacement surgery. There is no clinical indication for injection since the patient is status post total knee replacement surgery. Guidelines do not support intra-articular injection in this case. The request is not medically necessary.

**Associated Surgical Service: Post-op DME Purchase of a Polar Care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter

**Decision rationale:** Since surgery is not medically necessary, none of the associated services are medically necessary. Also, ODG guidelines do not recommend cold therapy for degenerative knee pain.

**Associated Surgical Service: Post-op home health and physical therapy three times a week for two weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since surgery is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Post-Op outpatient physical therapy three times a week for two weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter

**Decision rationale:** Since surgery is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Medical and cardiac clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since surgery is not medically necessary, none of the associated services are medically necessary.