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| Case Number: | CM14-0178480 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 11/11/2013 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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 Surgeon, and is licensed to practice in Pennsylvania. 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 injured worker is a 65-year-old male who reported a twisting injury on 11/11/2013. The current diagnosis is sprain of unspecified site of the knee and leg. The injured worker was evaluated on 10/02/2014 with complaints of persistent knee pain. It is noted that the injured worker has been treated with medication management, physical therapy, and Orthovisc injections. The physical examination revealed a slight amount of varus, boggy synovitis of the right knee, full extension to 120 degrees flexion, normal sensation, and normal motor strength. X-rays obtained in the office revealed severe osteoarthritis affecting the medial side of the patellofemoral compartment. Treatment recommendations included a right total knee arthroplasty. 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:

Right Total Knee Arthroplasty,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and leg(acute and chronic)- total knee replacement

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

Decision rationale: California 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 failure of exercise programs. The Official Disability Guidelines state a knee joint replacement may be indicated when there are 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medication or injection. Patients should be over 50 years of age with a body mass index of less than 40. There should be documentation of osteoarthritis on standing x-ray or a previous arthroscopy report. There were no imaging studies provided for this review. There is no documentation of a significant functional limitation upon physical examination. The Official Disability Guidelines state there should be limited range of motion and nighttime joint pain. There should also be evidence of functional limitation demonstrating the necessity of intervention. Therefore, the injured worker does not meet criteria for the requested procedure at this time. The requested Right Total Knee Arthroplasty is not medically necessary.

Pre-Operative Labs, X-Rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and leg(acute and chronic)- total knee replacement

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request (Pre-Operative Labs, X-Rays) are also not medically necessary.

Post-Operative Ice Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and leg(acute and chronic)- total knee replacement

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

Decision rationale: AAs the injured worker's surgical procedure has not been authorized, the current request (Post-Operative Ice Machine) is also not medically necessary.

CPM: Upheld

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

worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and leg(acute and chronic)- total knee replacement

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for CPM is also not medically necessary.

Norco 10/325 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and leg(acute and chronic)- total knee replacement

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for Norco is also not medically necessary.

Colace 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Knee and leg(acute and chronic)- total knee replacement

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is for Colace is also not medically necessary.