

Case Number:	CM15-0014757		
Date Assigned:	02/02/2015	Date of Injury:	10/07/2009
Decision Date:	03/27/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male who reported an injury on 10/07/2009. The mechanism of injury was not specifically stated. The current diagnosis is localized primary osteoarthritis of the lower leg. The injured worker presented on 12/10/2014 with complaints of persistent right knee pain rated 8/10. It was noted that the injured worker had been previously treated with a cortisone injection and was currently awaiting authorization for a total knee arthroplasty. It was noted that upon examination the injured worker was only able to bend the knee to 80 degrees. The treatment recommendations included continuation of Norco 10 mg and ibuprofen 800 mg. A Request for Authorization form was then submitted on 12/08/2014 for a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right 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, (ODG)-TWC Knee & Leg

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: The Official Disability Guidelines recommend a knee arthroplasty when there are 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medications or injections. There should be imaging evidence of osteoarthritis on a standing x-ray or a previous arthroscopy report. In this case, there is documentation of previous conservative treatment in the form of a corticosteroid injection and medication. However, there is no documentation of a recent attempt at any conservative treatment in the form of exercise therapy or rehabilitation. Additionally, there were no imaging studies provided for this review. Therefore, there is no imaging evidence of osteoarthritis. Given the above, the injured worker does not appear to meet criteria for the requested procedure. As such, the request is not medically appropriate.

Associated services: Norco 10/325mg QTY 240: Upheld

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

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 services: Ibuprofen 800gm QTY 90: Upheld

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

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.