

Case Number:	CM15-0047392		
Date Assigned:	03/19/2015	Date of Injury:	01/13/2008
Decision Date:	06/02/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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, Sports Medicine

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 60 year old male who sustained an industrial injury on 01/13/2008. Diagnoses include right total knee replacement with patella discomfort, possible early patellar loosening, knee synovitis and tenosynovitis, likely given positive reaction to intra-articular cortisone injections, and visible atrophy unresponsive to strength training of the quadriceps muscle. Treatment to date has included medications, cortisone injection, physical therapy, and exercises. A physician progress note dated 02/03/2015 documents the injured worker is 3 years status post total right knee replacement, and reports persistent problems with the right knee. He also reports dorsal right foot pain for the past 6 weeks secondary to exercising the knee, and low back pain radiating to the right buttock, posterior thigh and leg for the past 3 months which he feels is from over protecting the right knee. On examination the right knee is tender over the medial patellofemoral regions. Treatment requested is for EKG, Labs (CBC and Chem 7), neuromuscular electrical stimulation unit right knee, patella abrasion, right knee arthroscopic synovectomy with possible reticular release, and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic synovectomy with possible reticular release: 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), Surgery, Diagnostic arthroscopy, Low back-lumbar and thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): s 343-345.

Decision rationale: The 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 a failure of exercise programs to increase range of motion and strength. In this case, the provider indicated the injured worker had been previously treated with a cortisone injection to the right knee, which provided temporary relief of pain. However, there was no documentation of a recent attempt at any conservative treatment to include active rehabilitation. There was also no official imaging studies provided for this review. Given the above, the request is not medically necessary.

Patella abrasion: Upheld

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

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.

Labs (CBC and Chem 7): Upheld

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

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.

EKG (electrocardiogram): Upheld

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

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.

Urinalysis: Upheld

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

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.

Neruomuscular electrical stimulation unit, right knee: Upheld

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

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.