

Case Number:	CM15-0060452		
Date Assigned:	04/06/2015	Date of Injury:	11/11/2012
Decision Date:	06/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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 62 year old female, who sustained an industrial injury on 11/11/2012. She reported a fall from the counter, hitting the stove and landing on the floor. The injured worker was diagnosed as having left knee degenerative joint disease and prior left knee arthroscopy, lumbar herniated nucleus pulposus and right hip sprain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 1/13/2015, the injured worker complains of left knee pain. The treating physician is requesting left knee total arthroplasty, post-operative hot/cold unit, post-operative continuous passive movement machine, knee immobilizer and 12 post-operative physical therapy visits for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Indications for Surgery - Knee Arthroplasty.

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 and Leg, Knee joint replacement.

Decision rationale: According to the Official Disability Guidelines, indications for total knee arthroplasty include clear evidence of degenerative osteoarthritis, along with details regarding failure of conservative care, including bracing, injections, physical therapy, and medications. The clinical records submitted for review showed no indication of imaging studies indicating degenerative osteoarthritis. There was no standing knee imaging documenting knee alignment and/or remaining joint space submitted for review. Furthermore, there was no indication that the patient has tried and failed the use of injections or activity modification. Given the above, this request is not medically necessary.

Post-op DME - Hot/Cold Contrast Unit: 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.

Post-op CPM: 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.

Associated surgical service: ACL brace/knee immobilizer: 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.

Post-operative physical therapy for the left knee, 3x4, QTY: 12: 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.