MAXIMUS Federal Services

Case Number:	CM15-0071684		
Date Assigned:	04/27/2015	Date of Injury:	06/13/1989
Decision Date:	07/31/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: New York
Certification(s)/Specialty: Neurological Surgery

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 6/13/1989. He reported low back, abdomen, groin, and left lower leg pain. The injured worker was diagnosed as having left knee arthroscopic surgery with severe arthritis, bilateral mild carpal tunnel residual, hand and wrist tendinitis, and spinal discopathy, status post lumbar discectomy with likely deteriorating spinal condition, left knee mild early arthrosis with chondromalacia, lumbar discopathy with bilateral neuroforaminal compression and compromise, and left knee severe osteoarthritis. Treatment to date has included medications, chiropractic treatment, x-rays, electrodiagnostic studies, magnetic resonance imaging. The request is for left total knee arthroplasty, pre-operative clearance, hospital inpatient stay, cold therapy unit, continuous passive motion unit, front wheeled walker, Lovenox 30mg injection, post-operative RN evaluation after first 24 hours the patient is home or the day thereafter, home help, post-operative follow ups by physician, Duricef capsules, Norco #60, Zofran, post-operative physical therapy, re-evaluation within 6 weeks, and Norco #90. On 2/25/2015, he complained of ongoing low back pain, hand numbness and tingling, right wrist pain, left wrist pain, bilateral thumb pain, left knee pain, and left toe pain. He rated his left knee pain to be 10/10. He is reported to be going to physical therapy and indicates this to be helpful. The left knee is tender to the medial and lateral aspect, and has positive grind maneuver.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Arthroplasty quantity 1.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Replacement Chapter-ODG indications for surgery.

Decision rationale: The ODG guidelines recommend conservative care: The provider does not furnish length of time of care or details of injections e.g visco supplementations injections or steroids. Provider does not provide imaging on standing x-rays showing significant loss of chondral clear space in at least one compartment as recommended by guidelines. Provider does not provide information about the patient's nighttime joint pain which is one of the criteria for surgery. The requested treatment: Left Total Knee Arthroplasty quantity 1.00 is not medically necessary and appropriate.

Associative service: Pre-Operative Clearance quantity 1.00: 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.

Associative service:Hospital inpatient stay quantity: 2.00: 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 service: Ice unit quantity 1.00: 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.

Associate service: Cpm (in days) quantity 30.00: 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 service: Front Wheeled Walker quantity 1.00: 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 service: Lovenox 30mg Injection quantity 20.00: 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 service: Post-Operative Rn Evaluation After First 24 Hours The Patient Is Home Or The Day After quantity 1.00: 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 service: Home Help Duration/Frequency Determined Post-Operative Quantity:1.00: 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 service: Post-Operative Follow Ups By Physician (Daily) Quantity: 5.00: 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 Duricef Capsules 500mg Quantity14.00: 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: Norco Tablets 325;10mg; Mg Quantity 60.00: 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: Zofran Tablets 8mg Quantity: 10.00: 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 service: Post-Operative Physical Therapy Quantity: 8.00: 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 service: Re-Evaluation Within 6 Weeks Quantity: 1.00: 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.