

Case Number:	CM14-0051226		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2006
Decision Date:	09/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/18/2014

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 Surgery and is licensed to practice in New York. 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 patient is a 58-year-old female with a date of injury of June 1, 2006. The patient had left total knee arthroplasty in July 2009 and right total knee arthroplasty in January 2010. On physical examination the patient localizes her left knee pain to the anterior aspect of her knee. The left knee pain is aggravated with motion, she has tried aqua therapy without relief. She also has home exercises, therapy and treatment. Medications include ibuprofen and Tylenol. The left knee examination reveals a well-healed incision with tenderness to the anterior aspect of the knee. There is negative patellar inhibition and negative patellar apprehension test. She has a full range of motion of the knee and she limps on the left leg. X-rays reveal a well fixed total knee arthroplasty and a well fixed right total knee arthroplasty. The issue is whether revision surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Patella Resurfacing with Excision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter; Focal Joint Resurfacing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee pain chapter.

Decision rationale: This patient does not meet criteria for revision knee surgery. Specifically the patient's physical examination does not document significant loss of motion or difficulty related to prosthesis loosening. Physical exam does not document dysfunction of the prosthesis. In addition medical records do not document any radiographic evidence of component loosening with previous knee surgery. Problems with previous knee surgery are not clearly documented in the physical examination. Guidelines for revision knee surgery not met.

Post operative Home Health PT / OT 3 x 2 weeks (6 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, 206.

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.

Home Health Nursing x4 Visits for Blood Draws and Staple Removal 9-10 Days Post Op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, 206.

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 Outpatient PT 3 x 4: Upheld

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

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.

Removal of Prosthesis, Including Total Knee Prosthesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Polyethylene Exchange, Clin Orthop Relat Res. 2007 Nov; 464: 132-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Arthroplasty, Patella with Prosthesis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op Brace-Knee Orthosis, Adjustable Knee Joints: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 DME Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 DME FWW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Pre Op Labs: CMP, UA, INR, PT/INR MRSA, HIV, HEP C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement, Preoperative Evaluation 2010 June. 40 pages (26 references).

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.

Pre Op Chest X Rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement, Preoperative Evaluation 2010 June. 40 pages (26 references).

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.

PRE Op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement, Preoperative Evaluation 2010 June. 40 pages (26 references).

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.