

<b>Case Number:</b>	CM13-0020470		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/20/1994
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 64-year-old female who reported an injury on 11/20/1994. The mechanism of injury was not provided in the medical records; however, injuries sustained were to her bilateral knees and left ankle. Initial courses of treatment are unclear; however, it is known that the patient received bilateral total knee arthroplasties in an unspecified year. The only PR-2 note submitted for review was dated 05/22/2013 and reported that the patient had a tender and swollen left ankle and 1+ medial collateral ligament laxity to the bilateral knees with no swelling. It also noted that the patient was going to be referred to a narcotic detoxification program. The Supplemental Orthopedic Report dated 08/16/2013 reiterated everything that was in the 05/22/2013 report. There were no other clinical notes submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to orthopedic surgeon for revision total knee replacements:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that surgical consultations are indicated when patients have had activity limitations for more than one month or have experienced failure of an exercise program to increase range of motion and strength around the knee. According to the PR-2 dated 05/22/2013, authored by an orthopedist, there was no documentation of the patient's functional, range of motion, or strength limitations, as well as no indication that other nonsurgical management or lifestyle changes have been applied, save medication use. There were also no imaging studies available that reported loosening or dislodgement of current knee hardware. Without this information, there appears to be no indication that the patient's current knee replacements have failed. As such, the request for a referral to orthopedic surgeon for revision total knee replacements is non-certified.