MAXIMUS Federal Services

Case Number:	CM13-0020576		
Date Assigned:	01/15/2014	Date of Injury:	07/31/2003
Decision Date:	06/09/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	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 Texas. 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 injured worker is a 52 year old male who reported an injury on 07/31/03. The clinical notes indicate the patient having sustained a tenuous trauma for approximately 19 months. A urine drug screen completed on 04/22/13 revealed essentially normal findings. The lab studies revealed the patient being compliant with his prescribed drug regimen. The agreed medical evaluation completed on 10/11/13 indicates the patient stating the initial injury occurred when he had several falls resulting in left lower extremity pain. The patient also stated that he had left knee issues where the knee was giving way. There is an indication the patient had undergone acupuncture treatments. Radiating pain was identified from the left knee into the hip. Stiffness and locking were also identified at the left knee. Upon exam, the left knee revealed normal alignment. Arthroscopic portal scars were identified at the left knee. Tenderness was identified upon palpation of the medial joint line as well as the medial femoral condyle. Patella femoral compression revealed crepitus. The clinical note dated 12/09/13 indicates the patient able to demonstrate 0 to 96 degrees at the left knee. The patient's past medical history is significant for a fusion and decompression in the lumbar spine in 2006. The patient stated the pain had been constant at that time. The note indicates the patient standing 5 feet 5 inches in height and currently weighed 265 lbs. The patient has been recommended for a surgical intervention to include a total knee replacement on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH ANESTHESIOLOGIST: 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), Criteria for Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

Decision rationale: The request for a consult with an anesthesiologist is non-certified. The documentation indicates the patient was recommended for a total knee replacement on the right. However, the patient's current BMI has been factored out to 44.1 as the patient stands 5 feet 5 inches tall and currently weighs 265 lbs. A total knee replacement is indicated for patients with a BMI of less than 35. Therefore, it does not appear the patient is currently a candidate for the proposed surgical intervention. The request for a consultation with an anesthesiologist is directly related to the preparation for the surgical procedure. Given that the patient has been determined not to be a candidate for the proposed surgery, this request for a consultation with an anesthesiologist is not recommended as medically necessary.