

<b>Case Number:</b>	CM13-0020638		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/14/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/06/2013
<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 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 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 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 60-year-old female who reported an injury on 02/14/2007. The mechanism of injury involved a fall. The patient is currently diagnosed with traumatic osteoarthritis with progressive valgus deformity. The patient was seen by [REDACTED] on 07/15/2013. The patient reported ongoing pain and instability in the left knee. Physical examination revealed a healed anterior incision, an antalgic gait, moderate effusion, slightly diminished range of motion, positive medial collateral laxity, moderate lateral joint line tenderness, 4/5 quadriceps strength, intact sensation and 2+ distal reflexes. X-rays obtained in the office on that date indicated valgus alignment with collapse of the lateral tibial plateau and lateral femoral condyle falling into the lateral tibial plateau and bone-on-bone apposition. Treatment recommendations included a referral for a total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT AND TREAT BY A KNEE REPLACEMENT SPECIALIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** ACOEM Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination does reveal limited range of motion, moderate effusion, positive laxity, and moderate lateral joint line tenderness with decreased strength. The patient's x-rays obtained in the office on that date indicated bone-on-bone apposition. While the patient may meet criteria for a consultation by a knee replacement specialist, any treatment thereafter would need reassessment. Upon review and assessment of the consultation documentation, further action may occur. Additionally noted, there is no mention of the patient's previous exhaustion of conservative treatment. Based on the clinical information received, the request is not medically necessary and appropriate.