

Case Number:	CM13-0027043		
Date Assigned:	11/22/2013	Date of Injury:	07/02/2011
Decision Date:	10/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 claimant is a 60 year old gentleman who sustained a right tibial fracture in a work related accident on 07/02/11 that required insertion of an intramedullary rod at the time of injury. The medical records provided for review documented a past surgical history for anterior cruciate ligament reconstruction in 1991. The clinical records provided for review included the 08/14/13 progress report noting continued complaints of lower extremity and right knee pain and that the claimant was scheduled for a viscosupplementation injection. According to the records the claimant received four to five months relief of pain in 2012 from a Synvisc-one injection. Objective findings on examination revealed medial and lateral joint line tenderness and zero to 150 degrees range of motion. Diagnosis was degenerative joint disease, status post prior anterior cruciate ligament reconstruction and intramedullary rodding of the tibia. Viscosupplementation injection was performed at that visit. The recommendation was made for orthopedic referral to a [REDACTED] for removal of the claimant's tibial hardware and referral to a [REDACTED] for evaluation and treatment of the claimant's osteoarthritis. Viscosupplementation injection was performed by [REDACTED], a documented board certified orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and Treatment with [REDACTED]: Upheld

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

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); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: California ACOEM Guidelines do not support the request for referral to [REDACTED]. The medical records documented that the claimant's knee complaints are currently being managed by [REDACTED] for appropriate treatment for degenerative joint disease and follow up of a tibial fracture. The medical records do not identify any reason for further orthopedic assessment or referral in this individual's course of care. Given the above the request is not medically necessary.

Evaluation and Treatment with [REDACTED] for Removal of Hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

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); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines also do not support the request for evaluation and treatment with [REDACTED] for removal of hardware. The medical records provided for review do not identify that the claimant has painful hardware, loose hardware or malpositioning of hardware that would necessitate removal of the hardware. While surgical fixation has taken place, the claimant's clinical complaints are focused on his degenerative arthritis to the knee. At present, there would be no indication for removal of the orthopedic hardware; referral to [REDACTED] would not be medically necessary.