

<b>Case Number:</b>	CM13-0046316		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Pennsylvania. 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:

This claimant is a 61-year-old gentleman sustained a right tibial fracture in a work-related accident on July 2, 2011. The claimant was treated with intramedullary rodding. The medical records for review also documented that the claimant was status post a prior right knee surgery in the form of anterior cruciate ligament reconstruction in the 1990s. Recent assessment in August 2013 noted continued complaints of right knee and right lower extremity complaints despite conservative care that included viscosupplementation for a diagnosis of degenerative arthritis. Range of motion on that date was noted to be restricted with patellofemoral crepitation and a positive grind test. No clinical imaging was available for review in regard to the claimant's knee. The records indicated prior evaluation by an MRI of the lumbar spine revealing multilevel degenerative joint disease as well as a previous MRI of the right ankle that showed a chronic posterior malleolar fracture with intra-articular extension. At present, there are two requests: (1) A referral to a [REDACTED] for consideration of a right joint replacement procedure for the knee, and (2) a request for follow up with [REDACTED] for right leg assessment for possible removal of hardware.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for evaluation with [REDACTED], right knee for possible total knee replacement: 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:** Based on California ACOEM 2004 Guidelines, consultation with [REDACTED] for the purpose of discussion of total knee arthroplasty would not be indicated. There is no current imaging reports of the knee available to support or refute a diagnosis of degenerative arthritis that would support the role of arthroplasty. The absence of the above would fail to necessitate the above medical request.

**The request for evaluation with [REDACTED] for right leg for possible removal of hardware:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Chapter 6 Independent Medical Examinations and Consultations.

**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:** Based on California ACOEM 2004 Guidelines, referral to [REDACTED] for consideration of hardware removal would not be indicated. This request would be for preoperative hardware removal before joint arthroplasty. As stated above, the need for arthroplasty has not been established due to lack of imaging for review. This would negate the need for hardware removal for this claimant in this case.