

Case Number:	CM13-0072376		
Date Assigned:	01/08/2014	Date of Injury:	09/03/2004
Decision Date:	06/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Family Medicine and is licensed to practice in Florida. 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 63 year old male with a date of injury on 9/3/2004. Patient has ongoing symptoms related to his right knee and is status post right knee arthroscopy in 2006 and status post right knee TKA (total knee arthroplasty) in 2011. Subjective complaints are of back pain as well as giving way sensation in the right knee, and sharp, stabbing pain in the lateral right knee. Physical exam shows a weight of 282 pounds, with a BMI of 52. Right knee shows surgical scar with superficial lateral tenderness, and some weakness and instability noted of the right knee replacement. Prior CT of the right knee was performed on 1/18/2012, which showed no periprosthetic lucency or infection. Previously, patient had been certified for enrollment in a [REDACTED] program. Documentation does not show evidence of any acute changes or functional deterioration of the right knee. Documentation does not state what type of knee surgery is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH WEIGHT LOSS SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The Official Disability Guidelines (ODG) recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. In this case, the patient morbid obesity is contributing to his ongoing knee problems, and prior weight loss attempts have been unsuccessful. Consultation with a bariatric surgeon could provide aid in the therapeutic management of this patient. Therefore, the request for consultation with weight loss surgeon is medically necessary and appropriate.

KNEE SURGERY (UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for Surgery; Knee Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Surgery.

Decision rationale: The Official Disability Guidelines can only offer recommendations for knee surgery after identifying the type of surgery to be performed. The submitted documentation and the request as written does not indicate the type of surgery that is needed. Therefore, the request for knee surgery is not medically necessary and appropriate.

CT SCAN-RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; CT Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Computed Tomography.

Decision rationale: The Official Disability Guidelines (ODG) recommends computed tomography (CT) as an option for pain after TKA with negative radiograph for loosening. One study recommends using CT examination in patients with painful knee prostheses and equivocal radiographs. In this case, submitted records do not provide specific objective or subjective findings that would support repeat CT scanning of the knee at this time. Furthermore, no recent X-rays are documented. The request for CT scan of the right knee is not medically necessary and appropriate.