

Case Number:	CM14-0008414		
Date Assigned:	02/12/2014	Date of Injury:	03/29/2008
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 54-year-old claimant with industrial injury March 29th, 2008. The claimant is Status post left total knee arthroplasty 1/13/10 with revision on 11/15/10. Diagnostic test includes left knee computed tomography (CT) scan on 6/27/13, which demonstrates total knee prosthesis in place with grossly satisfactory alignment. No acute findings. Exam note by treating provider demonstrates recommendation against further surgery. Exam note 12/4/13 demonstrates continued severe left knee pain which is now constant in duration. The claimant clinical reported marked antalgic gait secondary to pain in the knee. The request is made for referral to joint specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO JOINT SPECIALIST, [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

Decision rationale: Per the ACOEM's Independent Medical Examinations and Consultations, the guidelines state the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the recommendation by the treating provider on 9/27/13 was nonsurgical management. The computed tomography (CT) scan of the knee from 6/27/13 is unremarkable. Therefore, the ACOEM guidelines have not been met. As such, the request is not certified.