

Case Number:	CM14-0111102		
Date Assigned:	08/01/2014	Date of Injury:	10/13/2011
Decision Date:	09/04/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 45-year-old female sustained an industrial injury on 10/13/11. Injury occurred when she twisted her right knee as she stood up from her desk. She subsequently twisted her left ankle while using crutches. She was diagnosed with chondromalacia patella and enthesopathy of the ankle and tarsus. The patient underwent a right knee arthroscopy and microfracture surgery on 7/3/13 and completed 18 post-operative physical therapy visits. The 10/17/13 treating physician note indicated the patient was permanent and stationary with residual right knee pain and tenderness over the medial femoral condyle and medial joint line. At some future time, he opined the need for a unicondylar or total knee arthroplasty. The 11/21/13 treating physician note indicated the patient had 6/10 right knee pain with medial compartment tenderness and range of motion 0-155 degrees. A functional capacity evaluation, disability rating and medial unloader brace for the right knee were recommended. The 2/13/14 follow-up note cited delays in providing the authorized functional capacity evaluation, disability rating and medial unloader brace. A right knee injection was also requested. The 4/29/14 clinical note indicated the patient had unrelenting right knee pain. All conservative and minimally invasive surgical procedures had been tried. A request for surgical evaluation for right knee total joint arthroplasty was submitted. The 6/18/14 utilization review denied the request for referral to total joint specialist as there was no documentation of conservative treatment failure and absence of a recent physical exam and imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Total Joint Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The California MTUS state that referral for surgical consultation is indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guideline criteria have been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. There is no current physical exam or imaging findings documented to support the medical necessity of a total knee replacement. Therefore, this request for referral to total joint specialist is not medically necessary.