

Case Number:	CM14-0116358		
Date Assigned:	08/04/2014	Date of Injury:	11/15/2010
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/23/2014

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 Texas. 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 injured worker is a 61-year-old female who reported an injury on 11/15/2010. The mechanism of injury was not stated. Current diagnoses include localized primary osteoarthritis, osteoarthritis of the knee, knee pain, swelling of the limb, chondromalacia, current tear of the medial cartilage, current tear of the lateral cartilage, and inflammatory disorder of the extremity. The injured worker was evaluated on 06/30/2014 with complaints of significant pain in the bilateral knees. It is noted that the injured worker has a long history of knee osteoarthritis and has been previously treated with Supartz injections into the right knee. Physical examination revealed right knee effusion, crepitus, 110 degree flexion, painful range of motion, and limited strength. Treatment recommendations included a referral to an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult for possible bilateral knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127; Official Disability Guidelines - Treatment in Workers Compensation, 2010, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has a medical history of osteoarthritis. However, there were no imaging studies or x-rays submitted for this review. There is no mention of an exhaustion of conservative treatment to include medication management and physical therapy. The medical necessity for the requested consultation has not been established. Therefore, this request is not medically necessary.