

Case Number:	CM14-0175892		
Date Assigned:	10/28/2014	Date of Injury:	07/06/2001
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 and is licensed to practice in New York. 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 54-year-old female with a date of injury of July 6, 2001. The patient injured her left knee. The patient has had 6 knee arthroscopic surgeries and left total knee replacement. X-ray of the right knee from February 2014 also shows degenerative changes. The patient continues to complain of back pain right hip pain and left knee pain. Patient takes medications for knee pain. Physical examination shows antalgic gait. Examination of the left knee reveals a healed surgical scar with 1+ edema. Range of motion was restricted to 90 and limited by pain. Extension was limited to 180. There is tenderness palpation over the lateral and medial joint line and patella. Left knee is noted to be stable. At issue is whether surgical consult the left knee pain is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consult for left knee pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: This patient does not meet establish criteria for surgical consultation for left knee pain. Specifically, the medical records do not document a recent an adequate trial and failure of conservative measures to include physical therapy for knee pain. More conservative measures are needed. In addition the medical records do not document a recent change in the patient's quality of symptoms with respect of knee pain. There are no red flag indicators for surgery in the medical records. More conservative measures for knee pain are medically necessary at this time. Therefore, the request is not medically necessary and appropriate.