

Case Number:	CM14-0075146		
Date Assigned:	07/16/2014	Date of Injury:	04/06/1994
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 70-year-old male who reported an injury on 04/06/1994 due to a 1 story fall. The injured worker reportedly sustained an injury to his bilateral knees and low back. The injured worker developed traumatic arthritis to the bilateral knees and required bilateral knee replacement. The injured worker was evaluated on 05/29/2014. It was noted that the injured worker had persistent postoperative bilateral knee pain. Evaluation of the lumbar spine documented tenderness to palpation of the paravertebral musculature with restricted range of motion secondary to pain. Evaluation of the bilateral knees noted well healed surgical incisions anteriorly with restricted range of motion described as 0 to 110 degrees in flexion. The injured worker's diagnoses included status post bilateral knee arthroplasties with postoperative pain, history of lumbar fusion, internal medicine diagnosis, and psychological diagnosis. The injured worker's treatment plan included a Toradol injection, a short course of physical therapy, continued medications, and referral to an additional doctor for the injured worker's bilateral knee pain. The injured worker was previously examined on 03/20/2014 by the treating provider, and the same request was submitted for a different physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for second opinion, evaluation and treatment of bilateral knees with [REDACTED]:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330. Decision based on Non-MTUS Citation Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N, Assessment and management of chronic pain. Bloomington (MN) Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105 p. (168 references) Official Disability Guidelines : Pain (Chronic) Referrals for knee complaints.

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

Decision rationale: The requested referral for second opinion evaluation and treatment of bilateral knees with [REDACTED] is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has continued limited range of motion and pain complaints of the bilateral knees following total knee replacement. The American College of Occupational and Environmental Medicine recommend specialty consultations when the injured worker's case is complex or has complicating factors to include psychological issues. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints and a psychological diagnosis. Therefore, a specialty evaluation would be supported in this clinical situation. However, the request is for a referral and treatment. The need for treatment is to be based on the results of the evaluation. As the results of the evaluation were not provided for review, there is no way to determine the need for treatment. As such, the requested referral for second opinion, evaluation and treatment of bilateral knees with [REDACTED] is not medically necessary or appropriate.