

<b>Case Number:</b>	CM14-0079625		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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:

59 year old claimant with a reported industrial injury on January 8, 2007. Exam noted April 18, 2014 demonstrates complaints of pain in the knees. Exam note of February 25, 2014 demonstrates constant pain in the right and left knee increasing with walking and standing, flexing and extending the knee. Examination demonstrates swelling, popping and clicking. Diagnosis is made of severe degenerative arthritis, bilateral knees with significant deformities. Request is made for total knee replacement with medical clearance requested prior to surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Consultation with Dr, Tauber:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 79.

**Decision rationale:** According to the CA MTUS/ACOEM, page 79, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." In this case the exam note from 2/25/14

does not demonstrate a failure of conservative management to warrant a referral to the specialist.  
Therefore the determination is for non medical necessity.