

Case Number:	CM14-0086867		
Date Assigned:	07/23/2014	Date of Injury:	01/06/2010
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 New York State. 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 50-year-old male with a date of injury of January 6, 2010. The patient has chronic knee pain. The patient was treated with a series of Synvisc injections. He continues to have knee pain. Two years ago he underwent total right knee replacement. The patient's right knee has been aspirated twice. The most recent aspiration was done in March 2014. The patient continues to complain of right knee pain. Physical examination shows restricted range of motion in the right knee. The knee is swollen and feels unstable. The patient has an antalgic gait. Knee range of motion is 0 120 on physical examination. There is mild instability in mid flexion. At issue is whether right knee aspiration is medically necessary. Also at issue is whether lab testing of the aspirate is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee aspiration: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Knee.

Decision rationale: The patient's laboratory data from May 14, 2014 indicates that C reactive protein is slightly elevated at 1.44. However, the patient is taking medication that may interfere with reported C. reactive protein levels from lab testing. The patient's sedimentation rate is slightly elevated at 22 CBC is within normal limits. The white count is only 6.2. In this case, the right knee was aspirated twice. There is minimal evidence that knee has a painful range of motion. The patient has ongoing swelling in the right knee. There is no documentation a prior benefit from the previous 2 aspirations. In addition, the lab values noted most recently from May 14, 2014 show within normal limits and CBC, WBC. Also, ESR and C-reactive protein are only slightly elevated. The medical necessity of repeat aspiration is not met.

Labs for aspiration results: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestonline.org/understanding/analytes/crp/lab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Knee.

Decision rationale: Since the procedure is not medically necessary, then all other associated items are not needed.