MAXIMUS Federal Services

Case Number:	CM14-0191475		
Date Assigned:	11/25/2014	Date of Injury:	02/28/2005
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine 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 claimant is a 48 years old female who sustained an industrial injury on 02/28/2005. The mechanism of injury was not provided for review. Her diagnosis is right knee pain and she is status post right total knee replacement. She has been complaining of right knee pain for the last four months. She denies fevers or sweats and has taken Ibuprofen for pain relief. On physical exam there was no significant joint effusion but there was pain with flexion and extension. X-rays of the knee revealed no abnormalities with the prosthesis in place.The treating provider has requested a CBC, ESR, and CRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC, WSR, CRP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331.

Decision rationale: The first step in evaluation of a total joint infection begins with a detailed history and physical examination. Specifically, the patient should be questioned about any wound complications following their previous surgery. In addition, prolonged drainage or

extended use of antibiotics following the original surgery are possible indicators of a postoperative infection. Furthermore, the onset of symptoms such as fevers, night sweats, chills, swelling, stiffness, and pain with motion may help define whether the infection is acute or chronic. Lastly, one should inspect for signs of infections such as redness, induration, callor, effusions, regional lymphadenopathy, incisional drainage, sinus tracts and pain with range of motion. In this case, there was no history of fever or sweats, no evidence of any joint effusion and the x-ray was normal. Medical necessity for the requested items was not established. The requested items were not medically necessary.