

<b>Case Number:</b>	CM14-0191801		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/26/2005
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 worker is a 69-year-old female who sustained an industrial injury on July 26, 2005. Previous treatment modality to include: activity modification, medications, physical therapy, surgery. The initial report of illness dated August 11, 2005 reported subjective complaint of right knee pain after having fallen at work. Of note, she is with history for chronic right knee pain and arthroscopy. The plan of care noted obtaining orthopedic evaluation of right knee. The consulting physician's progress report dated October 08, 2009 reported the worker with bilateral knee pains and noted previous discussion regarding replacement of the left knee. She states that "Her pain tolerance is decreasing", activity tolerance "is decreasing", and her "pain in increasing". There is further mention of previous evaluation deemed her permanent and stationary. She was diagnosed with: post-traumatic arthritis of the bilateral knees, status post right total knee arthroplasty, doing well. The plan of care noted scheduling left total knee arthroplasty for January of 2010. A permanent and stationary report dated September 02, 2009 reported the plan of care with recommendation to seek referral for hand specialist regarding right thumb concerns. Treating diagnoses, this visit showed: bilateral knees degenerative joint disease; right thumb probable medial collateral ligament tear, metacarpophalangeal joint, and residual left knee moderate medial compartment degenerative joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Consultation with an Orthopedist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127 and the Official Disability Guidelines, Knee & Leg Procedure Summary, (updated 10/07/2014) Office Visits.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of knee pain that have failed treatment by the primary treating physician. Therefore, criteria for an orthopedic consult have been met and the request is medically necessary.