

<b>Case Number:</b>	CM14-0209523		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/13/2000
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 64-year-old female with a date of injury of 12/13/2000. According to progress report dated 11/11/2014, the patient presents with aching pain in the left knee, which she rates a 7-9/10 and also complains of right knee symptomatology. The patient is currently not working. Examination of the knee revealed bilateral joint tenderness, and there is very severe antalgic short-stepped gait. The patient utilizes a cane for gait assistance. There is loss of bony landmark due to swelling and joint inflammation. There are well-healed portal sites noted on the left knee. There is crepitus on range of motion, which is reduced. There is positive McMurray's and positive pivot shift. There is positive grind maneuver as well. The listed diagnoses are: 1. Left wrist and hand contusion. 2. L3-L4 and L4-L5 disk desiccation and disk bulges. 3. Status post left knee arthroscopy on 05/18/2013. 4. Status post chin laceration, scar dyschromia. 5. Severe left knee arthritis. Treating physician is requesting orthopedic consultation with a specialist in total knee replacement. Utilization review denied the request on 12/04/2014. Treatment reports from 01/20/2014 through 11/11/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Consultation with a total knee arthroplasty specialist, left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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) Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** This patient presents with chronic bilateral knee pain and is status post left knee arthroscopy on 05/18/2014. The current request is for orthopedic consultation with a total knee arthroplasty specialist, left knee. The utilization review denied the request stating that the patient recently underwent a cortisone injection to the knee, and there is no documentation that the patient has not had satisfactory results. Therefore, the requested orthopedic consultation was deemed not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient underwent surgery in May 2013 and continues with significant pain in the left knee, rated as 7-9/10 on the pain scale. Examination revealed severe antalgic gait, loss of bony landmark due to swelling and joint inflammation, crepitus on motion, and positive McMurray's and pivot shift. Given the patient's significant pain and positive examination findings, a referral for an orthopedic consultation for evaluation is within ACOEM Guidelines. The request is medically necessary.