

Case Number:	CM14-0068665		
Date Assigned:	07/14/2014	Date of Injury:	11/27/1995
Decision Date:	04/02/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 52 year old male, who sustained a work related injury on 11/27/95. The diagnoses have included herniated nucleus pulposus lumbar spine with radicular pain and degenerative joint disease right knee. Treatments to date have included x-rays, oral medications and work modification. In the PR-2 dated 4/7/14, the injured worker complains of pain and weakness in his back, right knee, leg and foot. He has tenderness to palpation of lumbar musculature and full range of motion with pain. He has mild swelling to right knee and limited range of motion in joint. On 5/8/14, Utilization Review non-certified a request for a consultation with knee specialist for possible treatment. The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with knee specialist for possible treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines pages 127 and 343 and Official Disability Guidelines Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Knee joint replacement.

Decision rationale: The referral to the orthopedic surgeon is for evaluation for total knee replacement. Total knee replacement is indicated for patients who have failed conservative care with exercise therapy and medication, have functional limitations with decreased range of motion, are over the age of 50, have body mass index less than 40, and have severe osteoarthritis documented by imaging studies or arthroscopy. In this case the patient has full range of motion of her right knee. In addition there is no documentation of severe osteoarthritis on imaging studies or arthroscopy. Criteria for total knee replacement have not been met. Knee replacement is not indicated. The referral to the knee specialist is not indicated and the request should not be authorized.