

Case Number:	CM15-0019072		
Date Assigned:	02/06/2015	Date of Injury:	09/07/2013
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: Orthopedic Surgery, Sports 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 72-year-old female who reported an injury on 09/07/2013 due to an unspecified mechanism of injury. On 01/07/2014, she presented for a follow-up evaluation regarding her work related injury. She reported continued pain in the right knee postoperatively. It was noted that there was no change in her physical examination findings and that her right knee function continued to be impaired. It should be noted that the documentation provided was handwritten and illegible. A request was made for a right knee replacement revision. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee replacement; revision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The California ACOEM Guidelines indicate that a referral for a surgical consultation may be indicated for those who have activity limitations for more than 1 month and who fail recommended conservative care. The documentation provided does not show that the injured worker has failed recommended conservative care such as injections, physical therapy, or medications to support the request. Also, there is a lack of evidence showing that she has any significant functional deficits of the right knee to support a right knee replacement revision. Without this information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.