

Case Number:	CM15-0130163		
Date Assigned:	07/16/2015	Date of Injury:	10/28/2010
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: 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:

This 58 year old female sustained an industrial injury sustained an industrial injury to the chest, back and left knee on 10/28/10. The injured worker underwent left knee arthroscopy with partial medial and lateral meniscectomy and tricompartmental synovectomy and chondroplasty on 8/29/13. Documentation did not disclose whether the injured worker received postoperative physical therapy or recent magnetic resonance imaging. In a PR-2 dated 6/12/15, the injured worker complained of ongoing low back and left knee pain. The injured worker stated that she had been trying to walk more but it was extremely difficult due to knee pain. The injured worker reported that Norco was not covering her pain. The Butrans patch had been falling off due to sweating from high temperatures. Physical exam was remarkable for restricted range of motion of the lumbar spine with pain. Current diagnoses included bilateral L5 radiculopathy and polyneuropathy, cervical spine disc herniation, left knee chondromalacia of the patella, spondylolisthesis at L4-5, thoracic spine and lumbar spine sprain/strain, lumbar spine disc herniation and injury to left breast implant. The treatment plan included following up on a request for extension of lumbar spine epidural steroid injection and consultation with a total joint specialist for consideration of left knee replacement, a custom knee brace, increasing Norco dosage and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for consideration of left knee replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 330.

Decision rationale: The request is for consultation for consideration of left knee replacement. According to the American College of Occupational and Environmental Medicine, Knee Complaints, referral for specialty care may be indicated if symptoms persist beyond four weeks. The injured worker has had symptoms well beyond four weeks, and the treating physician is seeking the advice of a specialist. The request is not for the knee replacement itself, but merely for consultation. This is supported by the MTUS, and at this point, appears to be medically necessary.