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| Case Number: | CM15-0166869 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 08/27/2012 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 57-year-old male who sustained an industrial injury on 8/27/12. Injury occurred when he was climbing onto his dump truck and heard a crack in his left knee, followed by sharp pain. He underwent left knee partial medial meniscectomy, debridement, and synovectomy on 10/16/12. The 6/26/14 left knee x-rays showed mild degenerative changes with left knee valgus of 3.6 degrees. The 2/5/15 treating physician report cited grade 7/10 left knee pain with popping, clicking, locking up and weakness. The diagnosis was left knee sprain/strain and internal derangement, status post left knee arthroscopy and meniscectomy, mild osteoarthritis, and recurrent medial meniscus tear per MRI 2/18/14. Orthopedic consult was requested for total knee replacement. The 7/6/15 treating physician report cited a current complaint of grade 6/10 left knee pain. The injured worker had undergone orthopedic consultation and a left knee total knee replacement had been requested and approved. The injured worker was pending scheduling. The diagnosis included osteoarthritis left knee. Authorization was requested for an orthopedic consultation follow-up for a left knee total knee replacement. The 8/12/15 utilization review non-certified the request for follow-up orthopedic consultation for total knee replacement. There was no rationale documented in the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation follow-up for left total knee repair: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS state that referral for surgical consultation is indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The ACOEM guidelines support referral to a 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. Guideline criteria have been met. A follow-up orthopedic consult to allow for treatment planning and surgical coordination is consistent with guidelines. Therefore, this request is medically necessary.