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| Case Number: | CM15-0184613 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 04/12/2013 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old male with an industrial injury dated 04-12-2013. Medical record review indicates he is being treated for ACL reconstruction of bilateral knees with redo surgery on the left, possible complex regional pain syndrome. Subjective complaints (08-12-2015) included back and bilateral knee pain. "He complains of pain level of 8-9 out of 10." Work status on 08-12-2015 is documented as "off work." Objective findings (08-12-2015) revealed a well healed surgical incision. "The patient is tender to motion." Other documented findings included hypersensitivity to touch over the left knee and tenderness to patellofemoral glide. Range of motion of the left knee was documented as 0-90 degrees and on the right was documented as 0-110 degrees. Prior treatments included pain management (for left lower extremity pain), Lyrica and Neurontin (sedating per 06-03-2015 note) and knee surgery. MRI of the left knee dated 03-04-2015 was read by the radiologist as (1) Vertical tear in the posterior horn of the medial meniscus. (2) Grafted anterior cruciate ligament appears intact with no abnormal signals seen. (3) Degenerative marginal osteophytes off the supero-posterior and infero-posterior aspect of the patella. The treating physician documented (08-12-2015) "He continues to complain of bilateral knee pain. The patient is young, but since he remained symptomatic, I requested a total joint specialist evaluation." The treatment request is for consultation with a total joint specialist, bilateral knees. On 09-09-2015 the treatment request for consultation with a total joint specialist, bilateral knees was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a total joint specialist, bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)-Knee joint replacement, Indications for Surgery-Knee arthroplasty.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of significant knee pain that have failed treatment by the primary treating physician as well as surgical intervention. Therefore, criteria for a joint specialist consult have been met and the request is medically necessary.