MAXIMUS Federal Services

Case Number:	CM15-0207322		
Date Assigned:	10/26/2015	Date of Injury:	03/07/1992
Decision Date:	12/07/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California
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:

This is a 69 year old female with a date of injury on 3-7-92. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knees, right wrist, right hip. Progress report dated 10-7-15 reports results review: effusion of left knee joint, left artificial knee joint, obesity, right knee degenerative joint disease, tendinitis of the right hip, status post let total knee replacement 12-19-13 and evacuation of hematoma left knee 1-2-14, status post revision left knee total replacement 2-26-15 and fracture left patella 6-20-15. Subjective findings: continued complaints of squeaking and instability of the left knee along with swelling. She reports the pain is severe and she would like to have surgery. Objective findings: moderate swelling of the left knee, tenderness over the patella, range of motion is from 0 to 130 and is accompanied by crepitus. Treatments include: medication, physical therapy, injections, home exercises and surgery. Request for authorization was made for Orthopedic consultation for second opinion. Utilization review dated 10-17-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for second opinion: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Initial Care, Surgical Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has a knee replacement and developed worsening instability and swelling. The surgeon planned on a debridement, arthrotomy, and partial patellectomy. Due to chronic pain, prior surgeries and need for additional surgery, the request for a second opinion is appropriate.