

<b>Case Number:</b>	CM15-0225679		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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:

The injured worker is a 61-year-old male, who sustained an industrial injury on 9-15-2011. According to physician documentation, the injured worker was diagnosed with degenerative right lateral meniscus tear, right knee osteoarthritis, derangement of lateral meniscus of the right knee and right knee arthroplasty. Subjective findings dated 8-25-2015, 9-21-2015 and 10-19-2015 were notable for low back pain and constant/severe chronic right knee pain (since prior total right knee replacement 5-22-2014), with sharp radiating pain across the knee, posterior/anterior thigh to low back with stiffness and swelling in knee and subjective fevers, stating ambulates with a cane to relieve pressure. Objective findings dated 8-25-2015, 9-21-2015 and 10-19-2015 were notable for no signs or symptoms of infection; however the physician does state, the right knee looks larger than the left but does not appear to be from knee effusion. There is mild tissue swelling, tenderness on palpation along the medial aspect of proximal tibia and adjoining joint line with no effusion or crepitus noted. He has range of motion 0 to 110 degrees with pain at the end of flexion and 5 out of 5 strength test for all muscle groups with an antalgic gait favoring the affected side. On 1-19-2012, an MRI of the right knee was performed, revealing a posterior horn medial meniscus tear and moderate joint effusion noted. Treatments to date have included right knee arthroplasty, Norco 5-325mg, Relafen 750mg, Tramadol 37.5-325mg, 24 sessions of physical therapy (injured worker stating does not feel was helpful). The Utilization Review determination dated 10-29-2015 did not certify treatment/service requested for allergy/derm consultation evaluation for cement/metal allergy (joint hardware); patch testing x150, up to 5 visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Allergy/Derm consultation evaluation for cement/metal allergy (joint hardware), patch testing x 150, up to 5 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested Allergy/Derm consultation evaluation for cement/metal allergy (joint hardware), patch testing x 150, up to 5 visits, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has low back pain and constant/severe chronic right knee pain (since prior total right knee replacement 5-22-2014), with sharp radiating pain across the knee, posterior/anterior thigh to low back with stiffness and swelling in knee and subjective fevers, stating ambulates with a cane to relieve pressure. Objective findings dated 8-25-2015, 9-21-2015 and 10-19-2015 were notable for no signs or symptoms of infection; however the physician does state, the right knee looks larger than the left but does not appear to be from knee effusion. There is mild tissue swelling, tenderness on palpation along the medial aspect of proximal tibia and adjoining joint line with no effusion or crepitus noted. He has range of motion 0 to 110 degrees with pain at the end of flexion and 5 out of 5 strength test for all muscle groups with an antalgic gait favoring the affected side. The treating physician has not sufficiently documented exam evidence of dermatologic manifestations of atopia nor the medical necessity for more than two sessions with re-evaluation. The criteria noted above not having been met, Allergy/Derm consultation evaluation for cement/metal allergy (joint hardware), patch testing x 150, up to 5 visits is not medically necessary.