

Case Number:	CM15-0042583		
Date Assigned:	03/12/2015	Date of Injury:	01/02/1998
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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:

The injured worker is a 72 year old male, who sustained an industrial injury on 1/2/1998. He reported the initial symptoms of right knee pain after falling on the anterior aspect of the knee. The injured worker was diagnosed as having osteoarthritis lower leg. Treatment to date has included post injury three right knee surgeries, injections to the right knee using Viscosupplementation, x-rays right knee (8/21/14). Currently, the injured worker complains of right knee "continues to hurt considerably". The injured worker would like to pursue a right total knee arthroplasty. On this same date (1/16/15), a cortisone injection was administered to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Ortho for Evaluation of Right Knee, Possible TKR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): red flag assessment, Chronic Pain Treatment Guidelines page 1, Part Page(s): 1, Part.

Decision rationale: The requested Consultation with Ortho for Evaluation of Right Knee, Possible TKR, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and 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 right knee "continues to hurt considerably". The injured worker would like to pursue a right total knee arthroplasty. Based on previous surgeries and persistent symptomatology, the medical necessity for such a consult has been established. The criteria noted above having been met, consultation with Ortho for Evaluation of Right Knee, Possible TKR is medically necessary.