

Case Number:	CM15-0051469		
Date Assigned:	03/24/2015	Date of Injury:	06/02/2008
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old male, who sustained an industrial injury on 06/02/2008. Treatment to date has included medications, cortisone injections, left total knee arthroplasty on 12/04/2014 and physical therapy. According to a progress report dated 09/26/2014, x-rays showed severe osteoarthritis tricompartmental in both knees with complete loss of the joint space between the tibia and the femur in both of his knees and significant patellofemoral arthritis as well. The provider noted that with the amount of arthritis in his knees his only option would be to do a total knee arthroplasty and that the left knee would be done first followed by the right knee about 3 months later. According to a progress report dated 02/09/2015, the injured worker wanted to proceed with the right knee. Diagnoses included osteoarthrosis local primarily lower leg left and knee joint replacement right. The provider noted that he would like start on working up his right knee to proceed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: The patient is a 57 year old male with an injury on 06/02/2008. He had bilateral knee arthritis with complete loss of joint space on x-ray of each knee. The orthopedist noted that he would require a bilateral total knee arthroplasty and the left knee was done on 12/04/2014. There is no recent injury. There is no history of any red flag signs. He does not meet ACOEM criteria for further imaging studies. The MRI is not required to proceed to total knee arthroplasty of the right knee. Therefore, the requested treatment is not medically necessary.