

Case Number:	CM15-0080076		
Date Assigned:	05/01/2015	Date of Injury:	05/09/1995
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 5/9/95. The injured worker was diagnosed as having chronic lumbar pain, lumbar radiculopathy, history of cervical spine surgeries, chronic lumbar pain, lumbar radiculopathy, history of bilateral shoulder surgery with residual pain, history of bilateral knee surgeries with residual pain, wrist tendinosis, diabetes, and hypertension. Treatment to date has included 12 physical therapy sessions and oral medications. Currently, the injured worker complains of pain in the neck, low back, shoulders, and knees. The treating physician requested authorization for a consultation regarding bilateral knees. The treating physician noted a consultation for the knees was needed as the injured worker is still having continuous pain post total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation regarding the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329-330.

Decision rationale: The patient is s/p bilateral TKA with revision of left side on 6/9/10. Recent knee x-rays of 3/12/15 showed no displacement, instability with intact normal hardware placement. [REDACTED] re-eval of 3/19/15 noted unchanged chronic knee symptoms and clinical findings noting the patient has reached MMI and is deemed P&S as of January 2012. Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion of the knee to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unchanged clinical findings without red-flag conditions. Examination has no specific progressive neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Consultation regarding the bilateral knees is not medically necessary and appropriate.