MAXIMUS Federal Services

| Case Number: | CM15-0086162 | | |
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| Date Assigned: | 05/08/2015 | Date of Injury: | 01/31/1997 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 04/19/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

## 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: Orthopedic Surgery

## 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 41 year old female, who sustained an industrial injury on January 31, 1997. She reported back, shoulder and knee pain. The injured worker was diagnosed as having chronic pain, displacement of thoracic or lumbosacral intervertebral disc without myelopathy, sprain/strain of the shoulder and upper arm, brachial neuritis or radiculitis, other affections of the shoulder region and obesity. Treatment to date has included radiographic imaging, diagnostic studies, right knee surgery in 1999, medications, conservative care and work restrictions. Currently, 3/4/15, the injured worker complains of whole body pain including cervical pain with pain in the bilateral shoulders and low back pain with pain radiating to the lower extremities, headaches and upper extremity radiculitis. Patient is noted to be 5 feet 265 lbs. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued pain as noted. She reported stomach pain and nausea, persistent headaches and worsening pain. Referral for possible knee arthroscopy was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for possible total knee arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 13 (Knee complaints), page 343-344, Referral for surgical consultation may be indicated for patients who have: (1) Activity limitation for more than one month; and (2) Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. In this case there is insufficient evidence from the exam note from 3/4/15 of attempt to address morbid obesity before decision for a consultation with an orthopedic surgeon for a knee replacement. Therefore the guideline criteria have not been met and the request is not medically necessary.