

Case Number:	CM15-0088250		
Date Assigned:	05/12/2015	Date of Injury:	01/05/2012
Decision Date:	06/23/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania, Ohio, 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:

This is a 61 year old male with a January 5, 2012 date of injury. A progress note dated February 19, 2015 documents subjective findings (gradually increasing right knee pain and swelling; discomfort and laxity involving left total knee arthroplasty), objective findings (surgical knee incision healing uneventfully; good active left knee range of motion; good strength, knee extension and flexion noted on the left side; moderate degree of varus and valgus laxity is clearly present on the left total knee arthroplasty; very mild right knee swelling with persistent provocative findings), and current diagnoses (history of left knee medial meniscus disruption; history of right knee compensatory injury emanating from gait disturbance). Treatments to date have included left knee arthroscopy with medial and lateral meniscectomy, chondroplasty, and synovectomy, Orthovisc injections, left knee total knee arthroplasty, medications, imaging studies, and physical therapy. The treating physician documented a plan of care that included postoperative follow up with orthopedic surgeon for the left knee, and new orthopedic consultation for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Consult with Orthopedic Surgeon (Right Knee): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends specialty consultation when another physician can help with the clinical plan of care. An initial physician review concluded that consultation with reference to the right knee was not indicated because there was not an initial trial of conservative treatment. In this case, the patient had an ongoing history of conservative treatment for gait prior to left knee surgery; conservative treatment of compensatory right knee pain was part of that prior conservative treatment. The current request for an orthopedic consultation for compensatory right knee pain is consistent with treatment guidelines. This request is medically necessary.