

Case Number:	CM14-0197329		
Date Assigned:	12/05/2014	Date of Injury:	12/27/2010
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female who sustained multiple injuries during the course of her work on 12/27/2010. She was proceeding to get up from a chair. Some one had left a bottle underneath it. As she got up, the bottle rolled under her left foot and she fell backwards. She fell directly backwards breaking the chair and then landing mainly on her left hip and left low back. She went further backwards on her neck. The following day she had problems. Per AME of 10/27/2014 examination of the knees revealed swelling in both knees. There was atrophy of the thighs bilaterally. There was thickening of the synovium bilaterally. She had end-stage degenerative joint disease. She had a 20 flexion contracture of the right knee and 25 on the left. Flexion of both knees was restricted to 110. There was tenderness and tenderness at the medial joint line bilaterally. She was unable to squat. Apley grind was positive bilaterally. She was ambulating with a cane with flexion contractures of both knees. The disputed issue pertains to a request for orthopedic consultation pertaining to the left knee which was non-certified by utilization review. The guideline cited was lack of activity limitations for more than a month and no documentation of failure of exercise programs to increase range of motion and strength of the musculature around the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consultation/Eval left knee: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Office Visits

Decision rationale: The injured worker has evidence of end-stage osteoarthritis of both knees, per AME report of 9/11/2014. MRI scan of the left knee dated 5/14/2011, revealed tricompartmental osteoarthritis and an oblique tear of the posterior horn of the medial meniscus. She underwent a left hip replacement on 6/9/2012. Postoperatively she developed an infection which was treated with IV antibiotics. She was considered at maximum medical improvement for the left hip on 10/18/2012. Per the AME report dated September 11, 2014, the injured worker's knees were gradually becoming worse. She had inability to fully straighten her knees she had pain in bilateral knees with any attempt at lifting, prolonged weight bearing, climbing, walking over uneven ground, squatting, kneeling, crouching, crawling and pivoting. She had to use a cane for her knees. X-rays of bilateral knees dated 12/28/2010, revealed 1 mm joint space in the medial compartment of the right knee and 2 mm in the left knee. On examination she had end-stage osteoarthritis of both knees with flexion contractures inability to squat and had difficulty walking. She was using a cane. Documentation also indicates that she had obtained a walker. Based on the AME of September 11, 2014, she had activity limitations that had lasted more than a month she had muscle atrophy around the knees and restricted range of motion with chronic pain. She also meets the Official Disability Guidelines (ODG) criteria for office visits. Therefore, based on the medical records reviewed and the guidelines, this request is medically necessary.