

Case Number:	CM14-0198827		
Date Assigned:	12/09/2014	Date of Injury:	03/04/1996
Decision Date:	02/18/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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: Preventive Medicine, Occupational Medicine

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 individual is a 54 y/o male who developed knee and shoulder problems subsequent to an injury dated of 3/4/96. He has been treated with a right total knee replacement (TKR) and is having increased difficulties with the left knee. The left knee is noted to have joint space narrowing, a chronic effusion and other degenerative changes. Prior AME evaluations have opined that a left knee replacement will eventually be necessary. Utilization review modified the request for consultation and treatment for a possible TKR. The utilization modification was based on uncertainty of causation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation and treatment for a possible TKR (total knee replacement):

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

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, Knee Replacement

Decision rationale: MTUS Guidelines support surgical referral and treatment under these circumstances. In addition, ODG Guidelines provides additional details regarding qualification for total knee replacements. This patient meets Guideline medical criteria for the orthopedic evaluation and treatment with a possible total knee replacement, the request is medically necessary.