

<b>Case Number:</b>	CM14-0215967		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Physical Medicine & Rehabn

### 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 patient is a 63 year old male with an injury date of 10/29/13. The progress report dated 10/13/14 is handwritten and partially illegible. It states that the patient presents with left knee pain and ambulates with a cane. The patient is temporarily totally disabled. Examination reveals the range of motion of the left knee is restricted. The 07/14/14 MRI of the knee presents the following impression. 1. Maceration of the body and posterior horn of the medial meniscus. 2. Maceration of the lateral meniscus. 3. Moderate medial femorotibial arthrosis. 4. Moderate patellofemoral arthrosis. 5. Intrasapular effusion. The 04/17/14 operative report left knee arthroscopy with partial meniscectomy and tri-compartment chondroplasty gives post-operative diagnoses of: 1. Complex tear, posterior horn and mid body of medial meniscus. 2. Chondromalacia patellofemoral joint and medial femoral condyle. 3. Chondromalacia lateral tibial plateau. The patient has a diagnosis of Left knee post-traumatic O.A. The utilization review is dated 11/25/14. Treatment reports were provided for review from 04/04/14 to 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation regarding surgery TKA, left 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 Chapter 7, Examinations and consultations, 2nd Edition (2004)

**Decision rationale:** The patient presents with left knee pain s/p left knee arthroscopy with partial meniscectomy and tri-compartment chondroplasty 04/17/14. The current request is for consultation regarding surgery TKA, left knee per the 11/30/14 report. The RFA is not included. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The 11/10/14 progress report states the patient was last evaluated on 10/13/14 and has since remained disabled. These report further states, His knee is not responding to any conservative care. He has tri-compartmental osteoarthritis in the knee area and I am recommending the patient to have a total knee replacement arthroscopy. In this case, the patient continues to have left knee complaints following left knee arthroscopy and conservative care. The requested expertise regarding additional surgery of the left knee appears reasonable and may help the physician with an appropriate course of care. The request is medically necessary.