

Case Number:	CM15-0001460		
Date Assigned:	01/12/2015	Date of Injury:	10/28/2008
Decision Date:	05/29/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who reported an injury on 10/28/2008. The mechanism of injury was not provided. The clinical note dated 12/15/2014, noted that the injured worker had presented with complaints of a headache. On examination, there was moderate generalized tenderness in the lumbar area. Strength in the major muscle groups were 4/5. The injured worker ambulated with an antalgic gait and the use of a right leg brace and cane. Diagnoses were chronic pain, chronic migraine, chondromalacia of the patella, and degenerative lumbar or lumbosacral intervertebral disc. Current medications included Imitrex and Topamax. The patient had a previous Botox injection in July, and noted improvement in pain and function. The injured worker notes a complete return of his daily migraine headache. The provider recommended a Botox injection, and a possible right knee replacement. There was no rationale provided and the Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a possible right knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - knee and leg chapter, knee joint replacement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for referral for a possible right knee replacement is not medically necessary. The California MTUS Guidelines state, if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation submitted for review noted that the injured worker has an antalgic gait, and uses a right leg brace and cane for ambulation. However, there is no provocative testing noted, or physical exam findings of deficits noted. Additionally, there is no evidence of a trial and failure to respond to conservative treatment preceding a specialist evaluation. As such, medical necessity has not been established. Therefore, the requested treatment is not medically necessary.