

<b>Case Number:</b>	CM15-0119314		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/02/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 2, 2010. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for an internist medical clearance while apparently approving a request for a primary care physician medical clearance. The claims administrator noted that the applicant had reportedly well-controlled diabetes and hypertension. The claims administrator stated that the applicant had issues with painful, possibly superficially infected indwelling knee prosthesis. The claims administrator referenced an RFA form of June 8, 2015 and an associated progress note of May 20, 2015 in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of knee pain. The applicant was using Norco for pain relief. Activities of daily living as basic as walking, sitting, and standing all remained problematic, the treating provider reported. A total knee arthroplasty was pending, it was reported and had been tentatively scheduled for August 3, 2015, and it was stated. In an RFA form dated June 8, 2015, the attending provider did seemingly seek authorization for a separate medical clearance evaluation with an internist and with a primary care physician (PCP). An office visit of May 20, 2015 seemingly suggested that the applicant had ongoing complaints of knee pain. The applicant was intent on pursuing a revision total knee arthroplasty. The attending provider suggested that the applicant had not recently seen his personal physician owing to general health insurance constraints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Internist/medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's textbook.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** No, the request for an internist for medical clearance purposes was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), an orthopedist, was likely ill equipped to address issues with medical clearance following a planned revision total knee arthroplasty on August 3, 2015. While obtaining such an evaluation was indicated as the applicant apparently had comorbidities to include diabetes and hypertension, the attending provider's June 8, 2015 RFA, form seemingly sought concurrent authorizations for both an "internist" medical clearance and a "PCP" medical clearance. A clear rationale for two separate clearance evaluations prior to the pending total knee arthroplasty procedure was not set forth by the attending provider either on the June 8, 2015 RFA form or on the associated May 20, 2015 progress note. Therefore, the request was not medically necessary.