

Case Number:	CM15-0066226		
Date Assigned:	04/14/2015	Date of Injury:	05/24/2014
Decision Date:	05/13/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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 62-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 24, 2014. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for a knee replacement specialist consultation. A March 19, 2015 progress note was referenced in the determination despite the fact that the applicant was over a year removed from the date of injury as of the date of the request, the claims administrator nevertheless based its denial on an alleged lack of failure to conservative treatment. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of right knee pain. A functional capacity evaluation was pending as was a consultation with a knee replacement specialist owing to issues with allegedly worsening instability and degenerative joint disease. The applicant was 62 years old as of the date, it was suggested. Norco was renewed. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. The requesting provider was a general orthopedic surgeon, it was stated. In an earlier note dated February 19, 2015, the applicant again reported ongoing issues with knee pain, knee chondromalacia, meniscal derangement, and knee degenerative joint disease. The applicant exhibited a mildly antalgic gait. Norco and consultation with a knee replacement specialist were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with a knee replacement specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 92.

Decision rationale: Yes, the proposed consultation with a knee replacement specialist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a general orthopedist, seemingly suggested that he personally was ill-equipped to determine the applicant's suitability for a knee replacement procedure. The treating provider nevertheless reported that the applicant had various issues with knee arthritis, knee internal derangement, knee chondromalacia, etc. Obtaining the added expertise of a knee replacement specialist, thus, was indicated to determine the applicant's suitability for a total knee arthroplasty procedure. Therefore, the request was medically necessary.