

Case Number:	CM15-0076410		
Date Assigned:	04/28/2015	Date of Injury:	08/21/2000
Decision Date:	06/23/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 55 year old female, who sustained an industrial injury on August 21, 2000. The injured worker was diagnosed as having status post right total knee arthroplasty, status post left knee arthroscopy times three, chondromalacia of patella, plantar fibromatosis, and left knee degenerative joint disease. Treatment to date has included left knee surgery, right knee surgery, and medication. Currently, the injured worker complains of bilateral knee pain. The Treating Physician's report dated January 28, 2015, noted the injured worker was not taking any medication to protect her stomach, having problems with her stomach as she continued to require narcotics for the pain. Physical examination was noted to show left knee effusion with medial and lateral joint line tenderness and positive patellofemoral crepitus. The right knee was noted to have medial and lateral joint line tenderness. The treatment plan was noted to include requests for authorization for bilateral knee braces, pool therapy, a total joint specialist consultation, an ergonomic evaluation of the work station, and a change of medication to Nexium with Norco dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for total joint specialist to revise the right knee, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing knee pain. Some of the handwriting in the submitted treating provider's notes could not be read with full confidence. While there was no indication if the worker was willing to consider treatment with surgery, the worker's persistent symptoms despite numerous types of conservative treatments since treatment with surgery was done is concerning and specialist consultation may be helpful in improving the worker's function. In light of this supportive evidence, the current request for a consultation with a joint specialist for an evaluation for a right knee outpatient revision procedure is medically necessary.