

Case Number:	CM14-0141354		
Date Assigned:	09/10/2014	Date of Injury:	01/24/2003
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 65-year-old female with a 1/24/03 date of injury and status post left total knee replacement on 5/4/05 with revision x2 for infection and residual stiffness. At the time (6/13/14) of request for authorization for Indium labeled white blood cell scan for the left knee and Orthopedic consultation, there is documentation of subjective (persistent left knee pain and weakness with significant loss of motion) and objective (left knee small effusion, decreased and painful left knee range of motion, antalgic gait, pain with medial McMurray's test, patellar comprehension test and patellar apprehension test, decreased strength of the quadriceps and hamstrings) findings, imaging findings (X-ray of the left knee (3/21/14) report revealed femoral component loosening), current diagnoses (status post left total knee replacement on 5/4/05 with revision x2), and treatment to date (status post left total knee replacement on 5/4/05 with revision x2 for infection and residual stiffness). In addition, medical reports identify a request for revision knee replacement that was authorized/certified on 5/23/14, pending white blood cell scan results ruling out infection. Furthermore, 8/6/14 medical report identifies lab results from left knee aspiration on 5/9/14 identifying elevated sedimentation rate and elevation in the white blood count in the fluid; and a request for Indium white blood cell scan to exclude the possibility of a deep prosthetic infection, as well as a second opinion with a total knee replacement specialist as the requesting physician no longer performs such complicated surgeries. Regarding and Orthopedic consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of a diagnosis of status post left total knee replacement on 5/4/05 with revision x2 for infection and residual stiffness. In addition, there is documentation of a request for revision knee replacement that was authorized/certified on 5/23/14, pending white blood cell scan results ruling out infection. However, despite documentation of a request for a second opinion with a total knee replacement specialist as the requesting physician no longer performs such complicated surgeries, and given documentation that the associated request for white blood cell scan is pending, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Orthopedic Consultation is not medically necessary.