

Case Number:	CM14-0000499		
Date Assigned:	06/11/2014	Date of Injury:	01/17/1996
Decision Date:	09/08/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 67 year old male, who sustained an industrial injury, January 17, 1996. The injured worker previously received the following treatments left total knee replacement. The injured worker was diagnosed with status post left total knee arthroplasty with residual pain. According to progress note of November 19, 2013, the injured worker's chief complaint was left knee pain. The pain was exacerbated with physical activities and weight bearing. The injured worker was awaiting authorization to see a specialist regarding the residual pain for the left total knee replacement. The physical exam noted tenderness along the patella facets. The range of motion was -3 degrees to 100 degrees. There was no instability noted. The treatment plan included referral for evaluation and treatment with an orthopedic surgeon [REDACTED] for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR EVALUATION AND TREATMENT WITH ORTHOPEDIC SURGEON FOR LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: ODG (Knee section online version) lists the indications for revision total knee arthroplasty to include: Recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and PT); Fracture or dislocation of the patella; Instability of the components or aseptic loosening; Infection; Periprosthetic fractures. This patient had a total knee arthroplasty in 11/19/13 and continues to have residual pain. He warrants an orthopedic surgeon evaluation to rule out possible instability/loosening of implants or possible infection.