

<b>Case Number:</b>	CM13-0017364		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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:

The injured worker is a 37 year old male injured on October 23, 2001. The most recent progress note by primary treating physician, dated July 26, 2013, indicate the injured worker continues with left knee pain, 4/10 on the visual analog scale. The injured worker states he is taking medications as prescribed. Medications include Daypro 600mg twice daily, Ultram 50mg every six hours, Lidoderm patch, and Zantac 300mg twice daily. Pain level has remained the same. The injured worker is attempting home exercise program but experiences increased pain. He has had multiple physical therapy visits. He is also noted that has had multiple surgeries for meniscal tears. Physical exam of the left knee revealed no superficial swelling, joint line tenderness is provoked, drawer testing is negative, range of motion within normal limits, minimum pain to passive extension/flexion, the medial joint opens with valgus force, neurological status intact, the injured worker exhibits an apprehension sign, and no effusion noted. The injured worker is 100 pounds overweight. The injured worker requests physical therapy. Diagnoses include medial cartilage knee tear and pain in limb. Request for orthopedic evaluation, 2nd opinion was denied in previous utilization review, dated August 5, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC EVALUATION, 2ND OPINION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343.

**Decision rationale:** As per MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended 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. In this case, there is no mention of specific reason for the request; the injured worker has had multiple Orthopedic evaluations. There is no documentation of any new injuries. There is no documentation of any significant change in his symptoms. There are no new clinical or imaging findings. Therefore, the request is considered not medically necessary based on the available clinical information.