

Case Number:	CM13-0019340		
Date Assigned:	10/11/2013	Date of Injury:	08/27/1999
Decision Date:	01/30/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient reported an injury on 08/27/99 with complaints of left knee pain. Recent clinical medical records were reviewed including an August 30, 2013 assessment by [REDACTED] where the claimant was with continued complaints of pain about the left knee. It states that a recent request for a left knee MRI and an orthopedic second opinion had been denied. There is currently an appeal for the above. The claimant's physical examination shows the left knee to be with an effusion. Apprehension and tenderness about the joint line. Positive McMurray's testing and "thigh atrophy." He was noted to walk with an antalgic gait that was slowed. His diagnosis was that of "unspecified injury to knee," and recommendations were for continuation of formal physical therapy as well as referral for MRI scan and second opinion from an orthopedics perspective. Clinical imaging to the knee is not documented. Other than medication management, current treatment to the left knee is not supported as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for second opinion with Orthopedic for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations and Official Disability Guidelines (ODG)-Treatment for Workers' Compensation, Online Edition, Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultants, Chapter 2nd Edition (2004, Chapter 7, page 127

Decision rationale: Based on California ACOEM Guidelines, second orthopedic opinion and referral cannot be supported. California ACOEM Guidelines in regards to consultations and referral indicate that referral to a practitioner if the suspected diagnosis is of uncertain or extreme complexity can be given. Unfortunately in this case, clinical records reviewed give a vague clinical picture in regards to the claimant's left knee with limited clinical findings, no imaging or documentation of recent conservative care other than medication management. Records indicate that the claimant has already been seen and assessed by orthopedic physicians. The role of a second opinion is of uncertain significance at this point given the claimant's current clinical picture and cannot be supported based on records available for review.