

<b>Case Number:</b>	CM13-0027211		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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:

47 year old female with report of left knee condition. Date of injury 6/21/12. Request for left knee arthroscopy with partial meniscectomy on 9/26/12. Status post left knee arthroscopy with posterior horn partial medial meniscectomy. Request for 2nd opinion with [REDACTED] for left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd opinion from [REDACTED] for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Chapter 7.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines Chapter 7 recommends consultation to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case there is insufficient documentation in the records of the medical

rationale for referral to a consultant for a second opinion. Therefore the determination is non-certification.