

Case Number:	CM13-0028504		
Date Assigned:	11/27/2013	Date of Injury:	07/18/2013
Decision Date:	02/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, depression, neck pain, midback pain, and headaches reportedly associated with a trip and fall industrial contusion injury of July 13, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and reported return to full time full duty work as a sergeant in the [REDACTED]. In a utilization review report of October 8, 2013, the claims administrator certified a psychology referral, denied an orthopedic referral, and denied a knee MRI. The applicant's attorney later appealed. An earlier clinical progress note of September 26, 2013 is notable for comments that the applicant reports persistent neck, back, and bilateral knee pain following a slip and fall injury. The applicant reports progressive exacerbation in knee pain. He is status post knee arthroscopy in February 1999. He is slightly overweight with a BMI of 27. He has a wide-based gait without assistive devices. Knee range of motion is limited to 110 degrees. Negative anterior drawer and Lachman's signs are noted. A patellar grind test and McMurray are positive. The applicant is returned to regular duty work, asked to consult a knee surgeon, and obtain a knee MRI. It is stated that an MRI of the knee is being sought to rule out meniscal injuries or meniscal damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 orthopedic referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The attending provider wrote on the most recent progress note that he suspected meniscal derangement here. The applicant is status post prior knee arthroscopy. The applicant now reports progressively worsening knee symptoms. As noted in the MTUS-adopted guidelines in Chapter 13, referral for surgical consultation is indicated for those individuals who have activity limitations for greater than one month with failure of exercise programs to increase range of motion and strength of the musculature surrounding the knee. In this case, the applicant has, indeed, failed to improve over time. He may be a candidate for further surgical intervention. Obtaining the added expertise of a knee surgeon is indicated and appropriate. Accordingly, the Original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.

1 MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in Chapter 13 Table 13-5, MRI imaging is scored a 4/4 in its ability to identify and define suspected meniscal pathology. In this case, the applicant does have signs and symptoms of active meniscal pathology, including pain, joint line tenderness, and a positive McMurray sign. MRI to further evaluate the same is indicated. Therefore, the request is certified, on Independent Medical Review.