

Case Number:	CM13-0033811		
Date Assigned:	12/06/2013	Date of Injury:	09/11/2008
Decision Date:	02/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 claimant is a 45-year-old gentleman who was injured in a work related accident on September 11, 2008. Clinical records for review include recent imaging including an MRI scan of the left knee dated April 25, 2013 that showed patellar tendonitis with full thickness fissuring to the medial patellar facet with degenerative signals but no tearing to the meniscus. Follow-up with [REDACTED] of July 22, 2013 indicated continued complaints of left knee and low back pain after a fall at work. Physical examination findings on that date showed no documentation of lower extremity findings, no knee evaluation and no lumbar or neurological findings documented. It states that at present the claimant had failed conservative care and was with a current diagnosis of lumbago, joint pain, lumbar degenerative disc disease and depressive disorder. A second orthopedic opinion was recommended with regards to his knee. An MRI of the lumbar spine was recommended as well as a surgical consultation with spine physician [REDACTED] for further treatment options. Records do not indicate recent treatment in regards to the lumbar spine or imaging for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee surgical reevaluation/second opinion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California ACOEM Guidelines, surgical referral for the left knee would not be indicated. Review of the claimant's clinical imaging does not demonstrate a surgical process. He appears to be with degenerative changes of the patella and mild patellar tendonitis. The above diagnosis and findings would not support the role of a surgical process. This in and of itself would negate the need for a surgical referral.

lumbar spine surgical consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California ACOEM Guidelines, lumbar spine surgical consultation also would not be indicated. The claimant's current clinical picture does not support the current findings to the lumbar spine in the form of subjective or objective complaints or previous imaging. There is no clinical picture that would describe this claimant as a surgical candidate. The role of the above referral would not be indicated at present.

lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, the role of a lumbar MRI also would not be indicated. Guidelines indicate that unequivocal objective findings on examination that would demonstrate neurologic compromise would be sufficient evidence to warrant imaging. In this case, the claimant's physical examination findings are absent with no documentation of neurologic process. The specific request for imaging at this time would not be supported.