

Case Number:	CM13-0054055		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2001
Decision Date:	05/05/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 60-year-old female who reported an injury on 05/24/2001 due to cumulative trauma that involved her right knee. The injured worker's treatment history included right knee arthroscopy with postoperative physical therapy. The injured worker underwent a right knee MR arthrogram on 10/02/2013. It was documented that the injured worker had evidence of a medial meniscus tear or postsurgical meniscal changes and chondromalacial changes in the lateral patellar facet. The injured worker underwent a computed tomography of the right knee on 10/02/2013. It was noted that the injured worker had knee joint effusion, subcortical cysts, and no evidence of intra-articular loose bodies. The injured worker had an orthopedic consultation on 09/16/2013. It was documented that the injured worker had right knee joint inflammation, a positive McMurray's test to the right, positive crepitus with range of motion and pain with range of motion. The injured worker's treatment plan at that appointment included a right knee MR arthrogram, possible consultation with [REDACTED] who previously performed surgery on her knee. The injured worker was evaluated on 11/26/2013. It was documented that the injured worker had increasing complaints and mechanical symptoms interfering with the injured worker's ability to participate in activities of daily living. The injured worker's diagnoses included status post right knee arthroscopic surgery with large effusion, rule out recurrent internal derangement, osteochondral fracture, general arthritis, and/or ligamentous tear. The injured worker's treatment plan included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Low back chapter- surgical clearance.

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

Decision rationale: The clinical documentation submitted for review does indicate that the physician requested for consultation is a surgeon. ACOEM Guidelines recommend surgical consultations for patients who have activity limitations for longer than 1 month that have failed to respond to an active therapy program. The patient has newly developed symptoms after knee surgery and it would be appropriate for the patient to follow up with her surgeon for further evaluation and surgical considerations. As such, the requested consult is medically necessary and appropriate.