

Case Number:	CM13-0064345		
Date Assigned:	01/03/2014	Date of Injury:	01/21/2000
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic Surgeon 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 patient is a 55-year-old male who reported an injury on 01/21/2000. The mechanism of injury was not provided for review. The patient developed bilateral knee pain. The patient's most recent clinical evaluation documented that the patient had continued bilateral knee complaints. Physical findings included no significant joint effusion but tenderness to palpation with compression of the patellofemoral joint with positive patellofemoral grind test; range of motion was described as 0 to 120 degrees with tenderness along the medial joint line. It was noted that an x-ray of the bilateral knees was taken and there was no significant evidence of arthritis. The patient's diagnoses included chondromalacia of the right and left knees. A request was made for Euflexxa injections. A treatment recommendation was made for continuation of medications and a home exercise program and a referral to orthopedics for evaluation and treatment of the bilateral knees was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic for Evaluation and Treatment of Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary.

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) 6, page 163

Decision rationale: The requested referral to orthopedics for evaluation and treatment of the bilateral knees is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultations for patients who would benefit in additional expertise for treatment planning. The clinical documentation submitted for review did not provide any evidence that the patient has any red flag conditions, or is a surgical candidate and would benefit from additional expertise of an orthopedic specialist for treatment planning. The clinical documentation submitted for review fails to provide evidence that the patient has exhausted all conservative treatment and therefore required additional expertise in treatment planning. As such, the referral to orthopedics for evaluation and treatment of the bilateral knees is not medically necessary or appropriate