

Case Number:	CM13-0072372		
Date Assigned:	01/08/2014	Date of Injury:	04/24/2013
Decision Date:	04/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

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:

This 35-year-old female account services representative sustained a left knee injury on 4/24/13 when she fell down 10 steps feet first. The 4/25/13 left knee MRI report indicated that there was a tear of the anterior cruciate ligament. The 5/13/13 orthopedic report stated that the anterior cruciate ligament was not well visualized on the MRI. Exam findings documented a very large anteromedial bruise, extreme guarding, modest knee joint swelling, intact medial and lateral stability, difficulty assessing range of motion due to patient reluctance to move her knee, and intact neurologic exam. The diagnosis was knee sprain with bruising. The treatment plan recommended no further use of the knee brace, use of one crutch, and quad strengthening exercise. The patient underwent diagnostic arthroscopy on 8/6/13 for persistent pain and disability. The operative findings indicated the articular surfaces, menisci, anterior cruciate ligament, and posterior cruciate ligament were generally unremarkable. There was some split along the anterior cruciate ligament but the fibers were intact. The 9/30/13 progress report indicated that the patient was improving. Exam findings noted no swelling, no surgical site complications, and the knee was stable with 0-100 degrees of flexion. Physical therapy was provided for 12 visits as of 10/7/13. The 10/14/13 progress report indicated that the patient tried to go back to work but could not. Minimal walking caused knee swelling and discomfort. The 10/28/13 progress report indicated that the patient had not been attending physical therapy because of a location change. There was some swelling in the knee, minimal if any warmth, and good range of motion with guarding at Final Determination Letter for IMR Case Number [REDACTED] extremes. The treatment plan recommended 2 additional weeks of physical therapy followed by release to modified work. The 11/7/13 PM&R initial report cited constant sharp left knee pain up to 8-9/10, weight bearing on the left leg increased her symptoms. Exam findings documented anterior left knee fullness and slight discoloration, tenderness on the medial greater

than the lateral knee, no crepitus with passive range of motion, anterior and posterior drawer signs with pain, left knee 5 degree extension lag, flexion approximately 90-100 degrees, well-healed portal scars, and normal lower extremity reflexes, strength, and sensation. The PM&R physician stated that he did not have any records for his review and requested diagnostic and operative reports. A second opinion orthopedic consult was recommended and the patient was placed off work. The 11/11/13 orthopedic report indicated the patient was slightly improved from the last visit. Exam findings documented no swelling of the knee, 0 to 120 degrees flexion, guarding, and no medial, lateral, posterior or anterior instability. The patient had continued knee pain, unknown etiology, but was improved after completing 5 therapy visits. The patient was released to return to work. The 12/3/13 physical therapy report indicated grade 4-5/10 pain with more mobility. The 12/5/13 PM&R report indicated the patient was using crutches and reported an episode of redness of the left knee, fever or chills were denied. She reported that BioFreeze was helpful and requested a refill. Exam noted well-healed portal scars and no erythema. The diagnosis was left knee pain, status post operative fixation 8/6/13. Additional physical therapy and continued off work was recommended. physical therapy and continued off work was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (TWC) - Knee & Leg Procedure Summary (updated 06/07/2013)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 127

Decision rationale: The request under consideration is for a second opinion orthopedic consult. The California MTUS supports the use of independent medical examinations and consults if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. This patient has been afforded comprehensive orthopedic care. Diagnostic arthroscopy was performed on 8/6/13 for persistent pain and disability. The operative findings documented a minimally remarkable knee examination. The patient has completed at least 20 physical therapy visits with increased mobility, decreased stiffness, and reduced pain documented. The orthopedist attempted to return the patient to work on 9/30/13 and 10/28/13. The PM&R physician initially evaluated the patient on 11/7/13, took her off work, and requested a second opinion orthopedic consult without the benefit of medical records. Exam findings did not suggest a red flag condition. The primary orthopedist examined the patient on 11/11/13 and continued attempts to return the patient to modified duty. The 12/5/13 PM&R report recommended additional physical therapy and indicated the patient was unable to work. The medical necessity of a second opinion orthopedic

consult is not documented relative to diagnosis, therapeutic management, or fitness for work. Therefore, this request for second opinion orthopedic consult is not medically necessary