

<b>Case Number:</b>	CM14-0005671		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 injured worker is a 61-year-old male who reported an injury on 07/02/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included right knee tibial fracture. The previous treatments included medication, and Orthovisc injections. The diagnostic testing included an EMG/NCV, and an MRI of the lumbar spine. Within the clinical note, dated 08/14/2013, it was reported the injured worker complained of stiffness, achiness, and discomfort in the right knee with feelings of giving way. Upon physical examination, the provider noted the right knee revealed a well healed previous incision, tenderness to the medial and lateral compartment, and patellofemoral articulation with positive patellofemoral crepitation. The injured worker had a positive grind test. There was pain noted with deep squat. The provider noted the injured worker had right ankle painful range of motion. The request was submitted for an evaluation and treatment with [REDACTED], an evaluation and treatment with [REDACTED], for consideration of total knee arthroplasty. The Request for Authorization was not submitted for clinical review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluate and treat with orthopedic surgeon #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Occupational Medicine Practice Guidelines page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The request for evaluation and treatment is not medically necessary. The California MTUS/ACOEM Guidelines note consideration for referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month, and failure of exercise program to increase range of motion and strength of the musculature around the knee. Early, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. The clinical documentation submitted failed to indicate the injured worker had failed on an exercise program to increase range of motion and strength. There is lack of documentation indicating the injured worker had been on activity limitation for more than 1 month. Additionally, the request submitted failed to provide the specific type of evaluation and treatment the provider is requesting. Therefore, the request is not medically necessary

**Evaluate and treat with orthopedic surgeon #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Occupational Medicine Practice Guidelines page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The request for an evaluation and treatment is not medically necessary. The California MTUS/ACOEM Guidelines note consideration for referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month, and failure of exercise program to increase range of motion and strength of the musculature around the knee. Early, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. The clinical documentation submitted failed to indicate the injured worker had failed on an exercise program to increase range of motion and strength. There was lack of documentation indicating the injured worker had been on activity limitation for more than 1 month. Additionally, the request submitted failed to provide the specific type of evaluation and treatment the provider is requesting. Therefore, the request is not medically necessary