

Case Number:	CM14-0102970		
Date Assigned:	07/30/2014	Date of Injury:	10/28/2002
Decision Date:	09/11/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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 Surgery and is licensed to practice in Pennsylvania. 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:

This is a 57-year-old female with date of injury of 10/28/02. The records for review indicate injury to the neck, low back, bilateral shoulders, left knee, wrists, and hands. Specific to this individual's left knee, there is documentation of a 4/14/14 follow up report indicating continued complaints of pain. The claimant was given a working diagnosis of status post left knee arthroscopy with residual arthralgias and meniscal tearing. There was no documentation of recent treatment to the knee. A post-operative MR arthrogram dated 10/31/13 revealed medial meniscal tearing. There was also indication of underlying degenerative arthrosis. There is currently a request for orthopedic surgical referral in regard to this claimant's continued left knee complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Specialist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 The occupational health practitioner may refer to other specialists 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. A referral may be for consultation 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. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: Based on California ACOEM Guidelines, surgical consultation would not be indicated. CA MTUS states, "A referral may be for consultation 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. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." This individual is with underlying degenerative arthrosis with no indication of acute physical examination findings demonstrating mechanical symptoms or need for further treatment in regard to meniscal tearing. Given the claimant's current clinical presentation with lack of documentation of conservative care or recent physical examination findings, the need for surgical consultation referral would not be supported. Therefore, the requested surgical consultation is not medically necessary.