MAXIMUS Federal Services

Case Number:	CM14-0104455		
Date Assigned:	07/30/2014	Date of Injury:	12/02/2013
Decision Date:	09/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine 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 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 54-year-old female who reported an industrial injury on 12/2/2013, 10 months ago, attributed to the performance of her customary job duties reported as lifting a dog up onto the grooming table when she felt a pop in her left knee. The patient reportedly developed low back pain due to a subsequent limp. The patient complained of pain and difficulty walking. The patient received chiropractic care/CMT. The diagnosis was knee articular subluxation, knee internal derangement, hip ligamentous syndrome, five sprain/strain syndrome, hip sprain/strain; SI strain sprain; and lumbar disc syndrome with myelopathy. The treatment plan included additional chiropractic care/CMT. The treatment plan also included an orthopedic surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN - CONSULTATION Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation chapter 7 page 127;Official Disability Guidelines (ODG) Knee chapter---knee arthroplasty.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 5 Cornerstones of Disability Prevention and Management, page 92 and on the Non-MTUS chapter 7 page 127; Official Disability Guidelines (ODG) Knee chapter-knee arthroplasty. The Expert Reviewer's decision rationale:The patient reported increased knee and back pain while lifting a dog and perceiving a pop to her left knee. There is no evidence of internal derangement based on a simple pop in an older patient. The request for the authorization of an orthopedic surgeon for an evaluation of the knee is not supported with the objective findings documented. There is no objective evidence to support the medical necessity of an orthopedic evaluation of the knee, as there are no documented objective findings on examination consistent with internal derangement. There is no provided rationale for an orthopedic consultation for internal derangement as there was no documented medical sign, pivot shift sign, or Lachman sign. There was no demonstrated medical necessity for more than conservative care. The objective findings documented to the left knee in the provided clinical records do not demonstrate the medical necessity for surgical intervention. The requested for the evaluation of the left knee with an orthopedic surgeon is not supported with any objective evidence or rationale in any clinical documentation. The examination of the patient as documented on the provided clinical documentation does not support the medical necessity of the requested consultation directed to the knee. The patient is not documented to have any specific objective findings on examination that would support the medical necessity of the requested consultation with an orthopedic surgeon for the reported symptoms of the left knee. Therefore the request is not medically necessary.