

<b>Case Number:</b>	CM14-0108275		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/30/1999
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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:

The injured worker is a 65 year old male who sustained an injury to his right knee on 12/20/99 while exiting a vehicle, his right knee gave way. The injured worker was apparently knocked unconscious and awoke in the emergency room. The injured worker was recommended for a right knee arthroscopy with a meniscectomy. He is pending scheduling for this. The clinical note dated 07/29/14 reported that the injured worker continues to treat with his primary care physician for his right knee complaints; however, his treating physician was recommending that he be referred for a right knee arthroscopy with a partial medial meniscectomy. The injured worker continues to complain of right knee pain that was frequent with locking sensations at 9/10 visual analog scale. Physical examination of the bilateral knees revealed normal contour; no evidence of appreciable swelling over the bilateral knees; no gross atrophy of the knee musculature; palpable tenderness over the right medial joint line; crepitation of the right patella; range of motion flexion 150 degrees, extension 0 degrees; McMurray's test negative right; knee is stable to 0 in a 30 degree abduction, adduction, and stress testing. Anterior drawer sign is stable in neutral, external, and internal rotation; Lachman's test negative bilaterally; posterior drawer sign negative bilaterally; sag test of the tibia negative bilaterally. The injured worker was diagnosed to have a right knee medial meniscal tear and right knee degenerative joint disease. The injured worker was recommended for a surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Consultation with [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Office visits

**Decision rationale:** The request for a surgical consultation with [REDACTED] is not medically necessary. The history did not include information regarding the clinical course and possible previous surgeries without clarification of these issues. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. After reviewing the submitted clinical documentation, there was no additional significant objective information provided that would support reverse of the previous adverse determination. Given this, the request for a surgical consult with [REDACTED] is not indicated as medically necessary.