

<b>Case Number:</b>	CM14-0108812		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 39-year-old female who was injured on 11/08/10 with a diagnosis described as multiregional chronic pain. The clinical records provided for review include a 05/28/14 progress report documenting that the claimant was initially injured when she slipped and fell down a flight of stairs injuring her right leg. She is noted to be status post right knee arthroscopy with current complaints of right knee pain associated with throbbing with activity. Physical examination showed an altered gait pattern, +2 Lachman, medial joint line tenderness and a positive pivot shift. The report of an MRI dated 09/03/13 showed evidence of anterior cruciate ligament tearing as well as tricompartmental degenerative arthritis. Surgery for arthroscopy with anterior cruciate ligament reconstruction was authorized by Utilization Review. This review is for the request for a knee specialist for a second opinion of the claimant's right knee complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho surgeon/knee specialist referral for second opinion on right knee ACL reconstruction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 334-344, 347. Decision based on Non-MTUS Citation Official Disability Guidelines - Indications for Surgery, Anterior Cruciate Ligament (ACL) Reconstruction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd 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, the request for Orthopedic surgeon/knee specialist referral for second opinion on right knee ACL reconstruction cannot be supported as medically necessary. Records indicate this individual has already been under the care of an orthopedic surgeon for which a diagnosis was already well established. Therefore, the request for a second opinion assessment between 06/06/14 and 08/16/14 would not be supported as medically necessary.