

<b>Case Number:</b>	CM14-0017769		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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:

The claimant is a 71-year-old gentleman injured on January 30, 2013, as the result of a fall from a three-foot wall. A clinical report dated February 28, 2013, reflected a diagnosis of left knee acute medial meniscal tear. Examination findings showed mild swelling, a small joint effusion and tenderness along the posterior medial aspect of the knee. The records note that the claimant has been treated with formal physical therapy, medication management, activity restrictions and work modification. An MRI (magnetic resonance imaging) performed on December 15, 2013, shows a flap tear to the medial meniscal posterior horn. There is also a joint effusion with a Baker's cyst. Radiographs of the knee were recommended to rule out degenerative joint disease. There is documentation of previous orthopedic assessment with [REDACTED] who, according to the reviewed records, recommended operative intervention in the form of arthroscopy. This request is for a second orthopedic opinion on the need for operative intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A SECOND OPINION WITH AN ORTHOPEDIC SURGEON: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

**Decision rationale:** Based on the California ACOEM Guidelines, the referral for second orthopedic opinion is not indicated. The claimant is being referred for a second opinion on the need for operative intervention after he has already been seen and assessed by an orthopedic surgeon. There is no indication that further consultation or referral would be necessary, as the claimant's diagnosis appears to be well-established through clinical imaging and physical examination findings. As such, the request is not certified.