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| Case Number: | CM14-0120559 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 08/01/2011 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37 year-old female with the date of injury of 08/01/2011. The patient presents with pain in her right knee without muscle weakness. The patient rates her pain as 7/10 on the pain scale. The patient is able to heel walk and toe walk, although her gait became antalgic with these maneuvers favoring her right lower extremity. MRI of the right knee from 01/14/2014 reveals patellar osteoarthritic changes and no ligamentous meniscal or bony abnormality changes are indicative of mild osteoarthritis. The patient is currently working as a hairstylist. According to [REDACTED] report on 07/04/2014, diagnoses are s/p right knee arthroscopy for lateral meniscus repair and status myomectomy. The utilization review determination being challenged is dated on 07/21/2014. [REDACTED] is the requesting provider, and he provided one treatment report on 07/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult for Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 127.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain and weakness in her right knee. The patient is s/p right knee arthroscopy in 2012. The request is for orthopedic consult for the right knee. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." MRI of the right knee from 01/14/2014 does not indicate any ligamentous, meniscal or bony injury. However, the physician indicates a referral for orthopedic consultation is needed for injection therapy. Recommendation is for authorization.