

Case Number:	CM14-0123034		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2007
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male with a work injury dated 10/1/07. The diagnoses include left knee sprain and internal derangement of the left knee. Under consideration is a request for an orthopedic evaluation of the left knee. There is a primary treating physician report dated 7/14/14 that states that the left knee is mildly worse. The patient completed Physical Therapy. On exam there is a positive McMurray and a negative abduction/adduction test. The pain is worse with weight bearing and range of motion. The treatment plan is rest from work, orthopedic consult and MRI of the knee. Per documentation the patient had left knee surgery (type of surgery unknown) in 2009. The patient has been treated with activity modification and physical therapy for his current symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 6/5/14) Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: A request for an orthopedic evaluation of the left knee (knee) is medically necessary per the MTUS and ODG guidelines. The ODG states office visits are medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and breakthrough pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. Documentation reveals the patient has continued left knee pain despite completing therapy. It is medically appropriate to send the patient to an orthopedic specialist and therefore an orthopedic evaluation of the left knee is medically necessary.