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| Case Number: | CM14-0192161 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 06/28/1998 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Internal 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 patient is an injured worker with a history of left knee injury. Date of injury was 06-28-1998. The primary treating physician's progress report dated September 25, 2014 documented that the patient was evaluated two days post-operatively after undergoing left knee arthroscopy for ACL anterior cruciate ligament repair and meniscal debridement and repair. The patient reported moderate to severe pain. She is utilizing a brace and the ice unit. The patient is completing her antibiotic. Physical examination was documented. Examination of the knee showed swelling to the anterior aspect of the knee. There is slight bruising and discoloration in and around the knee. Neurovascularly the patient is intact distal to the affected site. Sutures remain intact with no drainage or redness. Diagnoses were left knee anterior cruciate ligament and posterior cruciate ligament tears, medial and lateral meniscal tears, chondromalacia, status post left knee arthroscopy, and possible medial and lateral meniscal tears. Treatment plan was documented. The patient will continue with physical therapy and brace. Tramadol was not effective. Norco 10/325 mg was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit with joint specialist for osteoarthritis left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

<https://www.acoempracguides.org/knee;Table 2, Summary of Recommendations, Knee Disorders>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Medical records document that the patient had left knee arthroscopy for ACL anterior cruciate ligament repair and meniscal debridement and repair in September 2014. The primary treating physician's progress report dated September 25, 2014 documented that the patient reported moderate to severe pain. Examination of the knee showed swelling to the anterior aspect of the knee. There was bruising and discoloration in and around the knee. Diagnoses were left knee anterior cruciate ligament and posterior cruciate ligament tears, medial and lateral meniscal tears, chondromalacia, and possible medial and lateral meniscal tears. Treatment plan was documented. The patient will continue with physical therapy and brace. Tramadol was not effective. Norco 10/325 mg was prescribed. ACOEM guidelines state that occupational physicians and other health professionals can make an important contribution to the management of work-related injuries. ACOEM states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists when the 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, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Medical records document significant pathology. MTUS and ACOEM guidelines support specialty referral and consultation. Therefore, the request for Follow-up office visit with joint specialist for osteoarthritis left knee is medically necessary.