

Case Number:	CM14-0020178		
Date Assigned:	04/25/2014	Date of Injury:	09/18/2013
Decision Date:	07/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 Pennsylvania. 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 60-year-old gentleman who was injured in a work related accident on September 18, 2013. The records provided for review include a March 31, 2014 orthopedic consultation that documented that the claimant sustained multiple injuries in a fall at work. The consultation noted current complaints of left knee and left elbow pain with a treatment history of medication management, activity restrictions and therapy. Physical examination findings showed restricted lumbar range of motion, left knee restricted motion from 20 to 90 degrees, medial and lateral joint line tenderness and the inability to full extend the knee, negative Lachman's and pivot shift testing, and no effusion. Right knee examination included medial joint line tenderness, positive +1 medial instability and motion from 0 to 120 degrees. The claimant's elbows were not examined. The report of plain film radiographs identified a prior right total knee arthroplasty and the left knee showing advanced medial compartment osteoarthritis with significant loss of the medial and patellofemoral joint space. Recommendations at that time were for referral to orthopedic specialist [REDACTED] for surgical consultation regarding need for a left knee arthroscopy. The consultation also documented that further treatment could include viscosupplementation injections or total joint arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Occupational Medicine Practice Guidelines, 2nd Editions, 2004, Chapter 7 page 127 Regarding Independent Medical Examinations And Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations And Consultations, page 127.

Decision rationale: The March 31, 2014 assessment was with an Orthopedic Surgeon, [REDACTED] Biscaro, and who is defined as a Diplomat in the American Board of Orthopedic Surgery. He described an individual with advanced osteoarthritis to the left knee and referred the claimant to [REDACTED] for need of arthroscopic evaluation. The Claimant's physical examination and clinical imaging did not indicate need for an arthroscopic procedure in the setting of advanced degenerative arthrosis. The role of referral to a second orthopedic provider for a diagnosis that would require an arthroscopic procedure would not be indicated. Therefore, the request for orthopedic consultation is not medically necessary.