

<b>Case Number:</b>	CM14-0025157		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 patient is a 59-year-old female who sustained an injury to the right shoulder on 01/21/09. The records provided for review document that the right shoulder is the compensable injury in this case. According to the records, the claimant has multiple complaints including the bilateral knees, right shoulder, wrist, hand, cervical and lumbar spine. The claimant is now status post right shoulder arthroscopy. The clinical assessment dated 12/17/13, which is handwritten, notes subjective complaints of shoulder pain with no documentation of objective findings or diagnosis provided. The assessment recommended is a referral for left knee consultation. There is no documentation of a specific injury to the knee, formal physical examination findings or previous imaging for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines Independent Medical Examinations and Consultations, Chapter 7.

**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), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, orthopedic consultation for the left knee cannot be supported. The documentation indicates that the claimant has subjective complaints of knee pain, but there is no documentation of formal objective findings on examination, conservative treatment offered for the knee symptoms, or imaging reports to support the need for consultation. Therefore, the request for left knee consultation is not medically necessary and appropriate.