

<b>Case Number:</b>	CM14-0039566		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 injured worker is a 49-year-old female who reported an injury on 01/20/1999. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her cervical and lumbar spine and bilateral knees and right ankle. The injured worker's treatment history included a home exercise program, medications, activity modifications, and epidural steroid injection to the cervical spine. The injured worker was evaluated on 01/10/2014. It was documented that the injured worker complained of bilateral knee and ankle pain. It is noted that a request for authorization for a followup consultation with the injured worker's surgeon following knee and ankle surgery was being requested. Physical findings included tenderness to palpation of the cervical and lumbar spine with a positive bilateral straight leg raising test and restricted range of motion in all planes. No evaluation of the knees and ankles was provided. The injured worker's diagnoses included postlaminectomy syndrome of the lumbar region, thoracic or lumbosacral neuritis and radiculitis, lumbago, cervicgia, myalgia and myositis, chronic pain syndrome, migraines, brachial neuritis/radiculitis, internal derangement of the knee, and pain in ankle joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**surgical consultation with [REDACTED] for bilateral knees and right ankle, as an outpatient between 3/28/14 and 5/9/14.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical considerations for the bilateral knees and ankles when there are clear physical findings supported by an imaging study of a lesion that would benefit from surgical intervention that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has previously undergone knee and ankle surgery. However, no physical deficits or functional restrictions related to the bilateral knees or right ankle was provided within the documentation to support the need for a followup consultation with a surgeon. There was no documentation of significantly limited functional capabilities. Furthermore, the details of the previous surgery were not provided. Therefore, there is no way to determine if it is medically appropriate for the injured worker to have a followup visit with a surgeon. As such, the requested surgical consultation with [REDACTED] [REDACTED] for Bilateral Knees and Right Ankle, as an outpatient between 03/28/2014 and 05/19/2014 is not medically necessary or appropriate.