

<b>Case Number:</b>	CM14-0051948		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, and is licensed to practice in Nevada. 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 57-year-old male who was reportedly injured on October 31, 2013. The mechanism of injury is stated as twisting the left knee while walking in a cinder pile. The most recent progress note dated June 10, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated a moderate left knee effusion and tenderness at the medial joint line. There was a slightly decreased left knee range of motion. Diagnostic imaging studies of the left knee showed tricompartmental degenerative joint disease with medial joint space narrowing, subchondral sclerosis, subchondral cyst formation and osteophytes. A left knee steroid injection was provided during this visit. Previous treatment includes activity modification, the assistance of a cane, rest, ice and anti-inflammatory and narcotic medications. A request was made for an orthopedic consultation for the left knee and was not certified in the pre-authorization process on April 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic surgeon consult with [REDACTED] for Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg. 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of referrals when a diagnosis is uncertain, extremely complex or when the injured worker may benefit from additional expertise. However, the most recent progress note dated June 10, 2014, indicates a [REDACTED] is already seeing the injured worker in an orthopedic clinic. Therefore, it is unclear why there is a referral for the injured employee to see another orthopedic surgeon, [REDACTED]. Without additional justification, this request for an orthopedic surgeon consult with [REDACTED] for left knee is not medically necessary.