MAXIMUS Federal Services

Case Number:	CM14-0055164		
Date Assigned:	07/16/2014	Date of Injury:	12/13/2011
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 Texas. 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 50 year old male who sustained an injury to his left knee on 12/13/11. Mechanism of injury was not documented. Plain radiographs of the left knee dated 01/09/13 revealed degenerative disc disease. MRI of the left knee dated 07/25/12 noted edematous signal at the anterior margin of the lateral tibial plateau, suspicious for contusion; periarticular edema at the lateral joint compartment and focal region of signal alteration at the tibial spine that likely represented interosseous ganglion cyst; at the medial compartment, there was fissuring of the articular cartilage and irregular contour of articular surface of the weight bearing surface of the medial femoral condyle; no meniscal tear seen; lateral joint compartment there was large chondral defect measuring 20mm with a complex tear of the mid body and anterior horn of the medial meniscus; slight peripheral extrusion of meniscus tissue seen; periarticular edema and irregular contour of the articular surface; the only indication of left knee pathology was clinical note dated 01/23/14 that stated the patient subjectively noted that his left knee was doing well since previous injections. Physical examination of the left knee noted no significant tenderness. The injured worker was diagnosed with left knee strain with degenerative changes without significant symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult, Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee Chapter, Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Office visits.

Decision rationale: The request for orthopedic consult of the left knee is not medically necessary. Previous request was denied on the basis that the specific injection to be performed has not been documented. Per the limited notes from the provider, it appears the injured worker has already been seen by the orthopedic specialist for his knee complaints; therefore, consultation does not appear medically necessary at this time without further explanation. After reviewing the submitted clinical documentation, there was no additional significant information provided for review that would support reversing the previous adverse determination. Given this, the request for orthopedic consult of the left knee is not indicated as medically necessary.