

Case Number:	CM14-0059563		
Date Assigned:	07/25/2014	Date of Injury:	04/26/2009
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/30/2014

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:

57-year-old male claimant with an industrial injury dated 04/26/09. Patient has a chief complaint of right knee pain. MRI of 11/30/09 states there is posterior horn medial meniscal tear and tricompartmental arthritis with patellofemoral scarring and a plica. Exam note 06/05/13 states MRI results demonstrates medial meniscus degeneration with relatively small irregular degenerative tears of the femoral and tibial surfaces of the posterior horn. Also there is evidence of tricompartmental osteoarthritis, in which is most advanced in the patellofemoral compartment. The patient also has moderate to severe proximal medial collateral ligament scarring and degeneration. There is evidence of tenderness along the right medial joint line of the knee and the patient has tried both medication and physical therapy to help with the pain. Treatment plan includes right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation 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 and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational Chapter 7, page 127.

Decision rationale: According to the CA MTUS/ACOEM, page 79, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited from 6/5/13 do not demonstrate any objective exam findings of the left knee or failure of conservative care to warrant a specialist referral. Therefore the Orthopedic Consultation Left Knee is not medically necessary.