

<b>Case Number:</b>	CM14-0067185		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/15/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Occupational Medicine 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:

Patient is a 55-year-old male with date of injury 05/15/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/07/2014, lists subjective complaints as pain in the right knee. Objective findings: Examination of the right knee revealed slight swelling and tenderness at the medial joint line. Range of motion was unrestricted from full extension to 150 degrees of flexion with no crepitus in the patellofemoral joint. Cruciate function of the knee was intact with negative anterior and posterior drawer sign and a negative Lachman maneuver. Gross instability of the knee was satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. Diagnoses: 1. Lumbar strain 2. Lumbar neuritis 3. Cervical sprain 4. Right shoulder sprain 5. Posttraumatic headaches 6. Insomnia 7. Gastritis 8. Degenerative disc disease of lumbar spine 9. Right knee sprain rule out internal derangement. MRI of right knee, 03/12/2012, was positive for complete tear involving the anterior cruciate ligament. There was a small vertical tear involving posterior horn of medial meniscus near the root attachment, as well as mild osteoarthritis of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Evaluation of the Right 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 (ODG)-TWC Knee and Leg Procedure Summary last updated 03/31/2014.

**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 132 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. In addition, the patient has a nearly normal knee exam. The medical record lacks sufficient documentation and does not support a referral request. Therefore, one Orthopedic Evaluation of the Right Knee is not medically necessary and appropriate.