

Case Number:	CM14-0074895		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2013
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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 Orthopaedic 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:

This 35-year-old female museum preparator sustained an industrial injury on 2/20/13. Injury occurred when she slipped on a piece of plastic and slid on the left leg while reaching for a piece of cardboard. The patient underwent left knee arthroscopy with ganglion cyst debridement and chondroplasty on 7/29/13. The 2/22/14 treating physician report indicated the patient never felt improvement after surgery. She had noticed pain in the back of her knee with a feeling of fullness. She stands all day at work and noticed aching in her knee at the end of her shift. She denied locking or instability of the knee. Physical exam documented palpable cyst in the popliteal fossa, normal gait, normal knee range of motion, and tenderness over the medial and lateral joint line, and popliteal area. Orthopedic testing was negative for Lachman, McMurray, and instability. The diagnosis was Baker's cyst. The 4/16/14 orthopedic report indicated that the patient was frustrated by continued pain. The new MRI did not show any significant pathology. The patient had been treated arthroscopically for an anterior cyst and this was successfully debrided. She continued to have anterior and posterior pain. Physical exam noted effusion but was otherwise normal. Referral for consultation and treatment with an orthopedic specialist was requested to see if there are treatable causes of this knee pain. The patient's pain did not appear to have an identifiable structural injury (negative MRI, negative exam, previous arthroscopic evaluation) and yet she had consistent complaints of knee pain and dysfunction. The patient requested potential transfer of care to another orthopedic surgeon. The 5/6/14 utilization review denied the request for referral to an orthopedic specialist as there was no documentation that the patient had instability, advanced osteoarthritis, or any other condition that would require the expertise of a knee specialist when she is under the care of an orthopedic surgeon. The 6/27/14 primary treating physician report cited the patient was clearly distressed and tearful. The orthopedic surgeon told her that there was nothing further that could be done for her knee and

her pain was chronic. She was developing some left low back and gluteus medius pain as a result of her gait derangement. She would like a second opinion to see if there is anything further that can be done or if anything was missed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition Page 12; Official Disability Guidelines-Knee and Leg.

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) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. The patient presents with persistent knee pain and swelling despite operative and non-operative treatment. The orthopedic surgeon stated that the patient's pain did not appear to have an identifiable structural injury (negative MRI, negative exam, previous arthroscopic evaluation) although there were consistent complaints of knee pain and dysfunction. The patient and primary treating physician have requested a second opinion. Therefore, this request for referral to an orthopedic specialist is medically necessary.