

Case Number:	CM14-0083181		
Date Assigned:	07/21/2014	Date of Injury:	07/14/2011
Decision Date:	08/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/04/2014

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 Orthopedics 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:

The patient is a 48 year old female with industrial injury date of 7/14/2011. According to the medical reports, the patient's primary diagnosis is tendinitis/bursitis, epicondylitis, elbow; rotator cuff tear, and cervical degenerative disease. An MRI of the right knee on 5/01/2014 revealed 1. The exam is limited by motion; 2. Degenerative changes of the menisci without evidence of tear; 3. Patellar chondromalacia. According to the orthopedic AME report by [REDACTED], dated 1/19/2013, the patient's complaints were of the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists, and right knee. The AME provided the diagnoses: 1. Chronic cervical strain; 2. Bilateral shoulder impingement syndrome; 3. Bilateral elbow medial and lateral epicondylitis; 4. Right wrist extensor tendinitis; 5. Right knee symptomatic chondromalacia with possible internal derangement; and 6. Left knee arthroscopic partial lateral meniscectomy and chondroplasty with lateral retinacular release, 1/11/2012. She has not worked since May 2012, she had not reached MMI (maximal medical improvement), and was currently TTD (temporary total disability). The AME provided recommendations for future medical care as follows: it does not appear the patient needs any specific treatment for the cervical spine other than home exercises and medication; possible further injections and surgical consultation for the right shoulder would be reasonable; for the right knee injections could be initially tried and maybe surgical consultation; and possible additional injections to the bilateral elbows. According to the 5/22/2014 PTP PR-2 the patient complains worry and pain interfere with sleep, right elbow is much better, left elbow hurts a lot on lateral side, and worsening neck pain. Objective findings are no limp, full ROM (range of motion) of right knee, MRI show meniscal degeneration, 40% decrease of neck ROM, and tender lateral epicondyle. She remains off work. Treatment plan includes xanax for sleep, inject lateral epicondyle, and chiro visits for flare-up of neck pain. According to the 7/15/2014 PTP PR-2, the patient complains of lateral epicondylar pain

bilaterally, and flare up of right knee pain. Examination documents tender lateral epicondyles with positive resisted extension test. She remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult for (R) Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The CA MTUS ACOEM states referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee. According to the 5/22/2014 progress report, examination reveals no limp and full ROM of the right knee. The 7/15/2014 PR-2 does not document any functional deficits on examination of the right knee as well. The medical records do not establish the patient presents with significant subjective/objective findings that indicate she may be a surgical candidate. Failure of conservative care has also not been established. Furthermore, the right knee MRI does not reveal any significant findings, she has typical age-related mild degenerative changes, there is no clear evidence of a surgical lesion. Medical necessity of an orthopedic consult for the right knee is not established.