

Case Number:	CM14-0089158		
Date Assigned:	07/23/2014	Date of Injury:	11/26/2012
Decision Date:	08/27/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/13/2014

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 55-year-old male cemetery groundskeeper sustained an industrial injury on 11/26/12. Injury occurred when he stepped in a hole and hyperextended the left knee. The patient underwent left knee arthroscopy with medial meniscectomy, synovectomy of the medial and patellofemoral compartment, and chondroplasty of the medial femoral condyle on 11/15/13. The 12/18/13 orthopedic report indicated that the patient returned to work and slipped getting out of his truck twisting his left knee. He reported increased left knee pain and inability to weight bear. On exam, there was no effusion. Range of motion was 0-120 degrees with some medial joint line tenderness. An MRI was ordered. Crutches were recommended for 5 day with advancing weight bearing. The patient was returned to modified work. The 1/3/14 left knee MRI impression documented a horizontal oblique tear of the medial meniscus body violating the inferior articular surface with mild free edge tearing. There was superior articular surface fraying of the posterior horn. There was a focal 2x2 mm full-thickness recent appearing cartilage defect in the mid weight bearing portion of the medial femoral condyle with prominent subjacent reactive bone marrow edema and irregularity of the subchondral bone plate. The 1/14/14 orthopedic report reviewed the MRI findings and stated there was no evidence of a new tear of the meniscus. There was evidence of a previous debridement and the focal chondral defect was consistent with the chondroplasty performed at the time of surgery. The patient was improved in regards to strength and range of motion. The patient was to return to full duty in 2 weeks with progressive modified duty in the interim. The 2/25/14 orthopedic report indicated the patient may have some quadriceps atrophy and additional physical therapy was recommended. The 4/1/14 orthopedic report cited persistent left knee pain. A work capacity evaluation was recommended. The 4/16/14 treating physician report cited persistent left knee pain ranging from 3-10/10. There was burning pain on the medial aspect of his knee and some pain on the lateral aspect. Symptoms increased

significantly if he tried to squat, lunge, climb stairs, or carry heavy objects. There was constant swelling with activity. Physical exam documented slight antalgia and some swelling in the medial aspect. There was medial joint line tenderness and some mild ballottement. He had full range of motion with some crepitus, good strength, and intact sensation. McMurray's and Steinmann's were positive. The treatment plan recommended an orthopedic consult with a knee specialist for possible knee injections. The patient was to remain at modified work. The 6/12/14 utilization review denied the requests for orthopedic consult and treatment as the patient had been seen by the orthopedist who recommended further conservative treatment that could be managed by the primary treating physician. The 6/12/14 treating physician report appealed the denial of the orthopedic consult. The patient had failed conservative treatment and MRI findings were positive for a medial meniscus tear, full thickness chondral defect at the medial femoral condyle and prominent subjacent bone marrow edema. An orthopedic consult was opined consistent with cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic consult for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. guidelines, Chapter 7, page 127: Consultation.

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. This patient has failed to improve in the post-operative period with imaging findings suggestive of additional injury. The treating physician has requested an orthopedic consult to evaluate other treatment options, specifically knee injections. Therefore, this request for one orthopedic consult for the left knee is medically necessary.

Orthopedic treatment for the left knee (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for an orthopedic consult, but additional treatment may be subject to utilization review upon submission of a treatment plan. The medical necessity of non-specific orthopedic treatment cannot be established. Therefore, this request for orthopedic treatment for the left knee (unspecified) is not medically necessary.