

<b>Case Number:</b>	CM14-0093571		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/16/1999
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury of this case is 07/16/1999. Primary diagnoses in primary treating physician's progress report of 06/06/2014 include residual radiculopathy, status post spinal cord stimulator placement, and right knee pain. On 06/06/2014, the patient was seen in followup by an orthopedic spine surgeon. The patient reported that a spinal cord stimulator does not help with leg pain. The patient's biggest complaint at that time was low back pain at the lower levels. The patient also had pain in the right knee. The patient had not had satisfactory improvement with Percocet. On exam there was a mild effusion of the right knee with painful range of motion and some tenderness to palpation of the medial joint line. He planned to do MRI of the knee and further evaluation for potential internal derangement. An initial physician review of 06/19/2014 reviewed the office note of 06/06/2014 and indicated there was insufficient detail in these notes regarding symptoms or physical exam findings of the knee to support this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Consultation for the Right Knee, as an outpatient:** Overturned

**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.

**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, Consultation, Page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7, Consultation, page 127 states the occupational health practitioner may refer to other specialists if the patient's condition may benefit from additional expertise. In this case, the patient has been treated by a subspecialist orthopedic spine surgeon successfully for radiculopathy, status post spinal cord stimulator placement. The patient then noted substantial right knee pain with mild effusion on exam as well as painful range of motion and tenderness to palpation at the medial joint line and with ongoing pain only partially responsive to Percocet as well as some partial improvement in the past with injections into the knee. In this case, the medical record does provide substantially more detail regarding the patient's knee symptoms and exam than acknowledged in the initial physician review. The records clearly document significantly limiting knee pain with verifiable exam findings and refractory to initial trials of treatment. For an orthopedic spine specialist to refer a patient to a general orthopedist or to an orthopedic knee specialist in this situation would be supported by the treatment guidelines. This request is medically necessary.