

<b>Case Number:</b>	CM14-0133333		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 64 year old male patient who sustained an industrial injury on 01/20/2010. Documentation showed the patient having an acute episode of severe left knee pain back in June of 2014 which prompted the case to be re-opened. The patient went to emergency room for evaluation was treated and discharged to home. He was diagnosed with knee pain, given an ace wrap bandage and instructed to follow up if pain worsens. A primary treating office visit dated 0/8/12/2014 reported the patient with subjective complaint of having left knee pain that has worsened over the past 3 months. He is diagnosed with left knee internal derangement. He is to return to modified work duty immediately. Current medications consist of: Hydrocodone/APAP 5/325mg 2 tabs HS, and Naproxen BID with food. A follow up examination on 07/29/2014 reported the same treating diagnoses. Medications noted involving Norco 5/325 and Ibuprofen 600mg. He is using a knee support. There is note of a prior total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Specialty Evaluation for the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 92.

**Decision rationale:** According to the ACOEM, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. In this case the patient presented to the practitioner on 8/5/15 with pain after a "pop" was felt, the exam shows edema, a positive anterior/posterior drawer test and a positive McMurrays exam. There appears to be joint laxity with varus stress. The referral to an orthopedic provider was medically appropriate as the primary care provider may be uncomfortable treating a patient with knee pain and joint instability.