

Case Number:	CM14-0197033		
Date Assigned:	12/05/2014	Date of Injury:	01/13/1999
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic 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:

57 year old male with reported industrial injury of 1/13/99. Exam note from 9/23/14 demonstrates significant pain in the right knee, which causes patient to wake at night. Exam demonstrates well healed scar over the anterior knee, tenderness to palpation over the medial and lateral joint lines, effusion in the right knee lateral joint space, intact muscle strength without atrophy, intact sensation except for area adjacent to knee scar and normal ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: Per the CA MTUS/ACOEM guidelines Chapter 13, Knee Complaints, page 341-343, criteria for knee radiographs include inability to walk or weight bear, inability to flex knee to 90 degrees, joint effusion within 24 hours after direct blow or fall or tenderness over the fibular head or patella. In this case the notes from 9/23/14 do not demonstrate any of the criteria.

There is no medical rationale given for the requested knee radiographs. Therefore the determination is for non-certification.

Referral to Orthopedic surgeon [REDACTED] for synvisc injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330 & 339. Decision based on Non-MTUS Citation ODG, Knee & 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, page 127

Decision rationale: Per the California MTUS American College of Occupational and Environmental Medicine (ACOEM) 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited from 9/23/14 do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the determination is not medically necessary and appropriate.