

<b>Case Number:</b>	CM14-0200544		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/23/2008
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab 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 38 year-old [REDACTED] sustained an injury on 9/23/08 while employed by [REDACTED]. Request(s) under consideration include Referral for evaluation of left knee. Diagnoses include thoracic sprain/strain; cervical disc protrusion; lumbosacral disc protrusion s/p lumbar surgery 1/24/12; left wrist cyst; bilateral hip sprain/strain; bilateral knee DJD s/p right arthroscopic surgery in January 2013; and bilateral ankle tendinitis. Conservative care has included medications, therapy and modified activities/rest. Medications list Omeprazole, Cyclobenzaprine, topical compounds. The patient continues to treat for chronic ongoing symptoms. Report of 9/8/14 from the provider noted patient with low back pain with associated numbness in both feet; and left knee pain with swelling. Exam showed antalgic gait; ability to walk on toes/heels with some low back pain; no sensory or motor deficits defined with bilateral symmetrical reflexes. Treatment plan included Pain management and knee evaluation referral to clinicians within the provider's medical group. The request(s) for Referral for evaluation of left knee was non-certified on 11/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for evaluation of left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127 regarding Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-330.

**Decision rationale:** Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion of the knee to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unremarkable clinical findings without positive provocative testing or red-flag conditions. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Referral for evaluation of left knee is not medically necessary and appropriate.