MAXIMUS Federal Services

Case Number:	CM14-0205568		
Date Assigned:	01/29/2015	Date of Injury:	04/14/2011
Decision Date:	03/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52-year-old claimant with reported industrial injury of April 14, 2011. MRI left knee April 24, 2013 demonstrates a Baker's cyst and oblique tear of the posterior horn of the medial meniscus. Exam note October 30, 2014 and a straight persistent symptoms in the left knee. A slight antalgic gait favoring the left lower extremity is noted. Range of motion was noted to be 0-110. The McMurray's test and Ege's test were positive. No gross instability was noted. Request is made for arthroscopic surgery with partial meniscectomy, synovectomy and chondroplasty for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a pain management specialist for the evaluation of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, 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 from 10/30/14 not demonstrate any objective evidence or failure of conservative care to warrant a pain specialist referral. Therefore the determination is for non-certification.