

<b>Case Number:</b>	CM15-0000275		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 6/1/01. She has chronic neck and right knee pain. There are no documents relating to right knee issues in this case file. Information obtained from the Utilization Review notes "per the 11/17/14 evaluation by a physician, the patient's relevant objective findings include crepitation and tenderness of the right knee." On 12/1/14, Utilization Review non-certified a request for a referral to the [REDACTED] group for the right knee between 11/17/14 and 1/24/15, noting there is no documentation of limited activity due to the knee or use and failure of conservative treatment for the knee. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 referral to the [REDACTED] for the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 334.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations pg. 127

**Decision rationale:** According to the 12/01/14 Utilization Review letter, the referral to the [REDACTED] requested on the 11/17/14 medical report was denied because the reviewer did not believe the patient was a candidate for knee surgery. According to the 11/17/14 spinal orthopedic report, the patient is status post cervical surgery, and also has complaints involving the right knee and shoulder. The physician notes crepitus and tenderness in the knees and requests to refer the patient to the [REDACTED] for orthopedic evaluation of the knee. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The orthopedic spine specialist performed the cervical fusion/revision in December 2013. The patient has having increasing problems with the right knee, so the spine specialist requests authorization for referral to a knee specialist. The request appears to be in accordance with the ACOEM guidelines. The request for Referral to the [REDACTED] [REDACTED] for the right knee IS medically necessary.