

<b>Case Number:</b>	CM15-0005242		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

**DISCLAIMER:** The provider's notes were hand written and illegible. The injured worker is a 47 year old male, who sustained an industrial injury on September 12, 2014. He has reported falling off a truck. The diagnoses have included acute sprain of the right knee, Torn right Posterior Cruciate ligament, left wrist sprain. Treatment to date has included modified work status and Motrin. Currently, the injured worker complains of left wrist and right knee pain. A magnetic resonance imaging of the right knee completed on October 25, 2014, revealed a partial tear of the posterior cruciate ligament, and scarring of the medial collateral ligament suggestive of tendinosis. On December 8, 2014, Utilization Review non-certified consultation and treatment with an orthopedic specialist, for the right knee, based on ACOEM and ODG guidelines. On December 22, 2014, the injured worker submitted an application for IMR for review of consultation and treatment with an orthopedic specialist, for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and treatment with an orthopedic specialist, right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, 2nd Edition, 2004, Chapter 7, page 127 and Official Disability Guidelines, Knee & Leg, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-344.

**Decision rationale:** The injured worker sustained a work related injury on September 12, 2014. The medical records provided for review do not indicate a medical necessity for consultation and treatment with an orthopedic specialist, right knee. The MTUS states that, "Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month and Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk." There was no documented evidence of failure to improve with exercise or physical therapy, therefore, the recommended treatment is not medically necessary and appropriate.