MAXIMUS Federal Services

Case Number:	CM15-0133910		
Date Assigned:	07/22/2015	Date of Injury:	07/31/2014
Decision Date:	09/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 45-year-old female who sustained multiple industrial injuries on July 31, 2014, one which involved pain in her right knee. Diagnoses have included right knee pain and arthrofibrosis. There are documented reported treatments including independent water exercise, use of scooter for long distances, and medication, none of which provide ongoing relief. The injured worker continues to present with complaints of progressively worse right knee pain making it difficult to walk for more than 5 minutes, falling, and disrupted sleep secondary to the pain. She also exhibits poor range of motion. The treating physician's plan of care includes updated x-rays for the right knee and a second opinion surgical consult. Progress report of June 9, 2015 states she can perform modified work only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult, 2nd opinion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The patient has already has a surgery evaluation on June 2015. There is no documentation of red flags or dramatic changes in the patient condition requiring another surgical opinion. Therefore, the request for surgical consult, 2nd opinion is not medically necessary.

Updated X-rays, Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Radiography (x-rays). http://www.odg- twc.com/index.html.

Decision rationale: According to ODG guidelines, knee X ray is indicated: Indications for imaging X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. Acute trauma to the knee, injury to knee 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation. Non-traumatic knee pain, child or adolescent non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non-traumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). (ACR, 2001) (Pavlov, 2000) According to ODG guidelines, X ray is not indicated for this patient. There is no history of acute knee trauma, fracture, knee instability or patellofemoral syndrome. Therefore, the request for updated X-rays, right knee is nor medically necessary.