

Case Number:	CM15-0146711		
Date Assigned:	08/10/2015	Date of Injury:	03/30/2015
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: Georgia, California, Texas
 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:

The injured worker is a 55-year-old female, who sustained an industrial injury on March 30, 2015. She reported pain and swelling since twisting her right ankle and hitting her right knee. Right knee x-rays were negative for fracture or dislocation. The injured worker was diagnosed as having right knee contusion, right ankle sprain and right knee abrasion. Treatment to date has included diagnostic studies, medications, knee brace and physical therapy. 6 initial sessions of physical therapy were noted to not resolve her problem. On June 19, 2015, the injured worker complained of right knee pain. When walking, she rates her pain as a 3 on a 1-10 pain scale and when trying to kneel it is about an 8-9 on the pain scale. She reported that she can climb stairs with pain rated as a 6 on the pain scale. The treatment plan included an MRI of the right knee, orthopedic consultation, topical cream, medication and knee brace. Right knee MRI revealed a grade I MCL sprain, trace effusion, and degenerative signal alteration versus mild tendinopathy in the proximal patellar tendon. Modified authorization was provided for 4 additional PT sessions on 07/09/15. On July 16, 2015, Utilization Review non-certified the request for an orthopedic consultation for the right knee, citing ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consult for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines, Ch.13 (Knee Complaints) discussion of Surgical Considerations states: Referral for surgical consultation may be indicated for patients who have: Activity limitations for more than one month; and; Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. 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 are no documented mechanical symptoms in this case. There is no evidence of a surgical condition of the knee per physical exam or imaging. Results of the most recent course of physical therapy are unknown. Based upon lack of a documented surgical condition, red-flag condition, or evidence of failure of the most recent course of physical therapy, medical necessity is not established for the requested orthopedic consultation. The request is not medically necessary.