

<b>Case Number:</b>	CM15-0160233		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 male with an industrial injury dated 09-14-2014. The injury is documented as occurring while he was putting out cones (at work) and twisted his knee and felt a pop. His diagnoses included morbid obesity, other and unspecified derangement of medial meniscus and generalized pain. Prior treatment included pain medication, brace, MRI, injection into left knee (04-20-2015) which did not help and physical therapy. He was status post left medial meniscectomy on 03-09-2015. He presents on 08-05-2015 with a complaint of left knee pain that is worse with movement. He also complains of moderate aching pain in his low back from limping and compensating for his left knee injury. Physical exam of left knee noted mild effusion with mild diffuse tenderness to palpation. The foot was warm and sensation was intact. The provider documents: "Request authorization for consult to treat with spine doctor as the back is a compensable consequence for his left knee." The treatment request is for: Consult and treatment with spine MD as a compensatory injury for left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and treatment with spine MD as a compensatory injury for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Pursuant to the ACOEM, consultation and treatment with spine M.D. as a compensatory injury to the left knee is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are morbid obesity; other and unspecified derangement medial meniscus; and generalized pain. Date of injury is September 14, 2014. Request authorization is August 5, 2015. The injured worker is status post left medial meniscectomy left knee March 9, 2015. The injured worker is morbidly obese. The injured worker completed physical therapy without benefit. The injured worker has ongoing knee pain. Subjectively, the injured worker has ongoing low back pain. Objectively, there is no physical examination of the lumbar spine. There is no neurologic evaluation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a physical examination of the lumbar spine and no neurologic evaluation and no documentation establishing a causal relationship of the back complaints to the knee injury, consultation and treatment with spine M.D. as a compensatory injury to the left knee is not medically necessary.