

<b>Case Number:</b>	CM15-0161970		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	06/26/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old male, who sustained an industrial injury on 6-26-2002. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include low back and left knee pain. Treatments to date include anti-inflammatory, NSAID, and proton pump inhibitor. Currently, he complained of ongoing pain in the knee, down the side of the right leg, and across the lower back. On 6-10-15, the physical examination documented crepitus, decreased range of motion, and tenderness in the left knee. There was decreased range of motion secondary to pain of the lumbar spine with muscle spasms and tenderness. MRI dated 3-14-14, revealed a nearly complete meniscus tear, edema, chondral fissuring and subchondral cyst. The plan of care included a request to authorize a consultation with an orthopedic surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to an ortho surgeon for a consultation and treatment of the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Evaluation and Management (E&M); Knee and Leg Procedure Summary.

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

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 13 (Knee complaints), page 343-344, 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. 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. In this case there is insufficient evidence from the exam note from 6/10/15 of failure of physical therapy or exercise program for the patient's knee pain. Therefore the guideline criteria have not been met and determination is not medically necessary.