

<b>Case Number:</b>	CM15-0163850		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	07/03/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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  
 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 19 year old female, who sustained an industrial injury on 7-3-15. The injured worker was diagnosed as having pain in joint involving lower leg. The physical exam (7-3-15 through 7-9-15) revealed decreased left knee range of motion (-25 to 95 degrees), 8 out 10 pain and a positive Apley test. Treatment to date has included a right knee MRI on 7-16-15 showing a suspected tear in the medial meniscus, physical therapy, a knee immobilizer, Nabumetone. As of the PR2 dated 7-13-15, the injured worker reports "a lot of pain in my knee". She rates her pain 10 out of 10. Objective findings include a left knee effusion is evident, a positive Lachman's test and a positive Apley test. The treating physician requested an orthopedic consultation for the left knee. The Utilization Review dated 7-27-15, non-certified the request for an orthopedic consultation for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultation for 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, Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, although the injured worker has a decreased range-of-motion and pain in the left knee along with a positive Apley's compression test, there is a lack of documentation concerning conservative treatments. Although, the injured worker has been approved for physical therapy, there is no indication that she has actually attended any visits. There is no evidence of other forms of conservative treatment attempted in this case. The request for orthopedic consultation for the left knee is determined to not be medically necessary.