

Case Number:	CM15-0166928		
Date Assigned:	09/08/2015	Date of Injury:	02/17/2015
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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 24 year old female, who sustained an industrial injury on February 17, 2015. The injured worker was diagnosed as having right knee internal derangement and right knee sprain-strain. Currently, the injured worker complains of right knee pain with radiation of pain to the right foot-ankle. He has associated numbness, tingling and weakness of the right lower extremity. His right knee range of motion is 90 degrees - 140 degrees on flexion and he has tenderness to palpation over the anterior, medial and posterior aspects of the right knee. The injured worker has rated her right knee pain 7 on a 10-point scale consistently in recent evaluations and there is no evidence of functional improvement. Treatment to date has included NSAIDS, topical pain medications, orthotics, physical therapy, and modified work duties. A request for orthopedic surgeon consultation for the right knee was received on July 20, 2015. The Utilization Review physician determined on July 28, 2015 that a request for orthopedic surgeon consultation for the right knee was not medically necessary in that a previous request had been authorized and was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon consultation, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment.

Decision rationale: Pursuant to the ACOEM, orthopedic surgeon consultation, right 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 right knee internal derangement; and right knee sprain strain. Date of injury is February 17, 2015. Request for authorization is July 27, 2015. According to a July 2, 2015 progress note, the injured worker has subjective complaints of right knee pain 6/10. The treating provider requested physical therapy, acupuncture and an orthopedic consultation. Utilization review provider initiated a peer-to-peer conference call with the treating provider. The utilization review provider informed the treating provider a surgical orthopedic consultation was approved June 4, 2015. There is no clinical indication or rationale for a repeat orthopedic surgical consultation on July 27, 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a peer-to-peer conference call indicating an orthopedic surgical consultation was previously approved on June 4, 2015, orthopedic surgeon consultation, right knee is not medically necessary.