

Case Number:	CM15-0180688		
Date Assigned:	09/22/2015	Date of Injury:	09/19/2014
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 9-19-14. The injured worker was diagnosed as having status post left knee arthroscopy with medial meniscal resection, synovectomy, chondroplasty of the patella and resection of synovial plica and symptomatic synovitis and chondromalacia patella of the left knee. The physical therapy notes (3-4-15 through 4-22-15) noted 6-9 out of 10 pain in the left knee. The physical exam (4-29-15 through 7-8-15) revealed left knee flexion 60-130 degrees, extension 130-180 degrees and soft tissue swelling. Treatment to date has included physical therapy x 24 sessions, a cane, Tramadol and Mobic. As of the PR2 dated 8-12-15, the injured worker reports peripatellar pain of the left knee. He is unable to return to work. Objective findings include left knee range of motion flexion is 100 degrees and extension is 180 degrees. There is also soft tissue swelling and mild ankle edema. The treating physician requested a second opinion orthopedic left knee evaluation and treatment. The Utilization Review dated 8-13-15, non-certified the request for a second opinion orthopedic left knee evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion orthopedic left knee evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Knee Complaints 2004.

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

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case include documentation of residual knee pain despite appropriate postoperative physical therapy and home exercise program. A referral for orthopedic consultation is medically necessary.