

Case Number:	CM15-0189623		
Date Assigned:	10/01/2015	Date of Injury:	11/18/2013
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 45 year old male, who sustained an industrial injury on 11-18-2013. The injured worker was diagnosed as having lumbar sprain-strain with right lower extremity radiculopathy and right knee sprain-strain. Treatment to date has included diagnostics, lumbar epidural steroid injection, physical therapy, acupuncture, interferential unit, and medications. On 7-10-2015, the injured worker complains of low back pain, right lower extremity pain, right knee pain, erectile dysfunction, and difficulty falling asleep. The injured worker reported that use of an interferential unit at home, aquatic therapy and chiropractic treatments have been helping his symptoms. The severity of his symptoms was not rated. Magnetic resonance imaging of the right knee (6-04-2015) noted an impression: meniscus shows tear of the posterior horn at the meniscocapsular junction and a questionable small focal tear of the peripheral tibial articular surface of the body medial meniscus. Electromyogram and nerve conduction studies of the lower extremities (2-17-2015) noted refusal of EMG studies and NCS showed evidence of peripheral neuropathy of the bilateral lateral plantar motor nerves and the right medial plantar motor nerve. Exam of his right knee noted tenderness to palpation over the medial knee joint and positive McMurray's test. Motor strength was 5 of 5 and there was hypesthesia at the L5 and S1 dermatomes. The treatment plan included an orthopedic surgical consultation for the right knee, non-certified by Utilization Review on 8-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgical consultation regarding the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

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. 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. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In this case, the injured worker had a normal right knee x-ray in December 2014. An MRI on 6/4/15 revealed a meniscus tear of the posterior horn, however, there is no clear indication that the injured worker has failed with the use of physical therapy or home exercise program designed to increase ROM and strength of the knee, therefore, the request for orthopedic surgical consultation regarding the right knee is determined to not be medically necessary.