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| Case Number: | CM15-0191853 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 11/06/2013 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with an industrial injury dated 11-06-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post sprain and strain of right knee and internal derangement by Magnetic Resonance Imaging (MRI) to include meniscal tear. In a progress report dated 03-04-2015, the injured worker reported right knee pain. The injured worker rated pain a 1-2 out of 10 at rest and 4-5 out of 10 with prolonged repetitive weight bearing activities. Physical exam (03-04-2015) revealed right knee effusion, moderate tenderness to the medial and lateral joint line, moderate tenderness to the medial patellofemoral articulation and some crepitation on range of motion. According to the progress note dated 09-02-2015, the injured worker reported continued pain to his right knee. The injured worker rated pain a 1-2 out of 10 at rest and 5 out of 10 with repetitive weight bearing activities. The injured worker is status post left knee arthroscopy with partial medial meniscectomy of a remnant tear and also a chondroplasty of his medial facet of the patella on 06-30-2015. Objective findings (09-02-2015) revealed well healed right knee arthroscopic portal sites with no evidence of joint effusion or instability, and mild to moderate tenderness to the iliotibial band region around the greater trochanter. Treatment has included diagnostic studies, prescribed medications, 15 physical therapy sessions for right knee and periodic follow up visits. The treatment plan included referral for evaluation and treatment of right knee. Magnetic Resonance Imaging (MRI) report of the right knee was not included for review. The injured worker is currently on temporary total disability for the right knee. The utilization review dated 09-29-2015, non-certified the request for orthopedic treatment of the right knee Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic treatment of the right knee Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Chapter 7, Page 127 regarding Independent medical examinations and consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, Specialty Referral.

Decision rationale: The patient presents with right knee pain. The current request is for Orthopedic treatment of the right knee Qty: 1.00. The treating physician states, in a report dated 09/02/15, "Please authorize referral to [redacted] M.D. to evaluate and treat [the patient's] right knee as a secondary treater." (20B) The ACOEM guidelines do allow for referrals to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. However, the current request is for unspecified orthopedic treatment and there is nothing in the guidelines to support this unspecified request. While this patient may require an orthopedic consultation, the current request is not specifically for a consultation. The current request is not medically necessary.