

<b>Case Number:</b>	CM15-0202861		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, Illinois  
 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 61 year old male, who sustained an industrial-work injury on 6-9-10. A review of the medical records indicates that the injured worker is undergoing treatment for status left knee January 2011, pain in the left knee, right knee strain and sprain and right knee dysfunction with full thickness chondral defect. Treatment to date has included pain medication Norco, home exercise program (HEP), chiropractic, heat and cold packs, off of work and other modalities. The Magnetic Resonance Arthrogram (MRA) of the right knee dated 7-28-15 reveals tear in the posterior horn of the medial meniscus extending to the interior articular surface. The Magnetic Resonance Imaging (MRI) of the right knee dated 6-5-15 reveals small effusion, ganglion cyst, tear of the posterior horn and mid body of the medial meniscus, and tear of the posterior horn of the lateral meniscus. Medical records dated 8-19-15 indicate that the injured worker complains of bilateral knee pain, discomfort, aches and give away with the right greater than the left. The knee locks, pops and gives way. The injured worker was administered a cortisone injection and tolerated well. Per the treating physician report dated 8-13-15 the injured worker has not returned to work. The physical exam dated 8-19-15 reveals that the left knee ranges of motion are decreased and painful; there is tenderness to palpation of the knee and McMurray's causes pain. The right knee ranges of motion are decreased and painful, there is tenderness to palpation of the knee, McMurray's is positive and valgus is positive. The request for authorization date was 9-16-15 and the requested service included Follow up with (ortho) specialist for bilateral knees. The original Utilization review dated 9-25-15 non-certified the request for Follow up with (ortho) specialist for bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with (ortho) specialist for bilateral knees:** Overturned

**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, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits, Special Studies.

**Decision rationale:** The injured worker sustained a work related injury on 6-9-10. The medical records provided indicate the diagnosis of post-surgical status left knee January 2011, pain in the left knee, right knee strain and sprain and right knee dysfunction with full thickness chondral defect Magnetic Resonance Arthrogram (MRA) of the right knee dated 7-28-15 reveals tear in the posterior horn of the medial meniscus extending to the interior articular surface. The Magnetic Resonance Imaging (MRI) of the right knee dated 6-5-15 reveals small effusion, ganglion cyst, tear of the posterior horn and mid body of the medial meniscus, and tear of the posterior horn of the lateral meniscus. Treatments have included pain medication Norco, diagnostics, home exercise program (HEP), chiropractic, heat and cold packs, off of work and other modalities. The medical records provided for review do indicate a medical necessity for Follow up with (ortho) specialist for bilateral knees. The medical records indicate the injured worker sustained an injury to the left knee as a result of which he had surgery in 2011; due to persistent pain the injured worker is still under the care of an orthopedist, who recently gave him an injection in the knee. Also, due to an injury to the right knee, the injured worker has had both knee MRI and MRI of the right knee, both of which revealed presence of meniscal tear. The orthopedist has requested for authorization for right knee arthroscopy, and the injured worker was requested to follow up with the orthopedist. The MTUS recommends referral for surgical consultation when there are: 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. In this case the injured worker is already under the care of an orthopedist, it is medically necessary for him to follow up with the orthopedist. The MTUS recommends physician follow up visits; and states that meniscal tear has favorable outcome with arthroscopy; besides he needs to follow up for evaluation of the left knee.