

Case Number:	CM15-0203247		
Date Assigned:	10/19/2015	Date of Injury:	02/09/2012
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	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, California

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 78 year old female, who sustained an industrial injury on February 9, 2012, incurring right knee injuries. The injured worker was diagnosed with right knee joint pain. She had a history of bilateral carpal tunnel syndrome from a prior injury. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, topical analgesic creams, physical therapy, viscous supplementation injections and steroid injections to the right knee, bracing and restricted activities. Currently on 9/23/15, the injured worker complained of persistent right knee pain. She rated the increased pain level as a 9 on a pain scale from 1 to 10. She noted difficulty sleeping due to her pain. She reported limited range of motion with the right knee. Crepitus was noted with movement. The medication list includes Norco, Neurontin, Ultram, Nucynta, and Ibuprofen. The patient's surgical history includes right knee surgery and right CTR. The patient had EMG of the upper extremity that revealed bilateral CTS in 2011. Per the note dated 11/7/13 the patient was not MMI with regard to right knee. The patient sustained the injury due to a fall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon for right knee qty 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: The request is for a Referral to orthopedic surgeon for right knee, QTY: 1.00. Per the cited guidelines, "The occupational health practitioner may refer 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." The injured worker was diagnosed with right knee joint pain. Currently on 9/23/15, the injured worker complained of persistent right knee pain. She rated the increased pain level as a 9 on a pain scale from 1 to 10. She noted difficulty sleeping due to her pain. She reported limited range of motion with the right knee. Crepitus was noted with movement. The medication list includes Norco, Neurontin, Ultram, Nucynta, and Ibuprofen. The patient's surgical history includes right knee surgery. Per the note dated 11/7/13 the patient was not at MMI with regard to right knee. This is a complex case with persistent right knee pain and a history of previous knee surgery. The patient is also on controlled substances. The management of this case would be benefited by a referral to an orthopedic surgeon for the right knee. The request for referral to orthopedic surgeon for right knee QTY: 1.00 is medically necessary and appropriate for this patient.