

<b>Case Number:</b>	CM15-0043473		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/13/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: 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 was a female, who sustained an industrial injury, January 13, 2004. The injured worker previously received the following treatments MRI of the left knee, lumbar spine MRI and left knee x-rays. The injured worker was diagnosed with cervical strain/sprain, bilateral shoulder tendinitis, status post bilateral carpal tunnel release, lumbar strain/sprain, disc protrusions L3-L4, L4-L5 with spinal canal, lateral recess and neural foraminal stenosis, clinical lumbosacral radiculopathy, left knee strain/sprain with degenerative<sup>3</sup> of menisci, possible enchondroma verses chondrosarcoma and left tibial Metaphysis. According to progress note of January 27, 2015, the injured workers chief complaint was left knee pain. The physical exam noted tenderness to palpation of the medial and lateral joint lines. There was pain to varus and valgus stressing, Murphy's and Apley testing was positive on the left. There was limited range of motion in the left knee. The treatment plan included referral to specialist in [REDACTED] and biopsy of lesion on Tibia (rule out chondrosarcoma).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd edition, Consultation (page 127) and Chapters 8-14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch: 7 page 127.

**Decision rationale:** According to the 01/27/2015 report, this patient presents with neck pain, ongoing pain and stiffness to shoulders, persistent pain, numbness and tingling to both wrists and hands, low back radiating down the legs, and persistent and increasing pain to her left knee. The current request is for Referral to specialist. The request for authorization is not included in the file for review. The patient's work status is not working at this time. The ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per this report the treating physician states: I note that in the MRI scan demonstrates a possible enchondroma vs bone infarction vs a chondrosarcoma of the tibial metaphysis. This needs to be further investigated. In this case, the current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery/biopsy may be required. The request Is medically necessary.

**Biopsy of Lesion on Tibia (r/o Chondrosarcoma):** 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 (Chapters 8-14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

**Decision rationale:** According to the 01/27/2015 report, this patient presents with neck pain, ongoing pain and stiffness to shoulders, persistent pain, numbness and tingling to both wrists and hands, low back radiating down the legs, and persistent and increasing pain to her left knee. The current request is for Biopsy of Lesion on Tibia (r/o Chondrosarcoma). The request for authorization is not included in the file for review. The patient's work status is not working at this time. The ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per this report the treating physician states: I note that in the MRI scan demonstrates a possible enchondroma vs bone infarction vs a chondrosarcoma of the tibial metaphysis. This needs to be further investigated. In this case, the current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery/biopsy may be required. The request Is medically necessary.