

<b>Case Number:</b>	CM15-0045572		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63-year-old female, who sustained an industrial injury on January 3, 2014. The diagnoses have included left hip bursitis tendonitis, left knee pain, left anterior cruciate ligament tear and left knee degenerative tear of the medial meniscus with osteochondral edema. Treatment to date has included X-ray of pelvis on December 29, 2014, Magnetic resonance imaging of left knee on December 29, 2014 revealed a degenerative tear in the posterior horn of the medial meniscus. Currently, the injured worker complains of left knee pain. In a progress note dated January 28, 2015, the treating provider reports examination of left knee reveals tenderness to palpation along the lateral joint line and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Extremity Specialist evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional

Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

**Decision rationale:** Orthopedic Extremity Specialist evaluation and treatment is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that an orthopedic consult is appropriate for the patient's MRI findings however, treatment cannot be certified without clear need for necessity and without information on exactly what treatment is being requested. For this reason, the request for Orthopedic Extremity Specialist evaluation and treatment is not medically necessary.