

<b>Case Number:</b>	CM15-0087155		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 is a 46-year-old male, who sustained an industrial injury on 10/1/2006. Diagnoses have included chronic right knee pain, degenerative osteoarthritis, chronic right leg pain, myofascial pain syndrome, pain disorder with psychological/general medical condition and insomnia. Treatment to date has included right knee surgery, therapy, injections and medication. Per the progress note dated 1/28/2015, the injured worker complained of severe right knee pain. He reported that heat make the knee feel better. He used a cane to ambulate. Physical exam revealed obvious atrophy of the distal thigh. The treatment plan was for physical therapy and aquatic therapy. According to the progress report dated 3/3/2015, the injured worker complained of right knee pain. He reported partial pain relief with his current analgesic medications. Current medications included Norco, Lidoderm patches, Lyrica and Celexa. He had intermittent swelling in the right knee. Authorization was requested for surgical evaluation of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical evaluation of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): Chapter 13, "Knee Complaints", pages 343-344.

**Decision rationale:** The rationale for referral to an orthopedic surgeon for the knee is unclear as there has been no demonstrated failed conservative treatment or acute findings to suggest surgical intervention. Additionally, the knee exam, besides tenderness, had no positive provocative testing of internal derangement or neurological deficits described. MRI showed no internal derangement, definitive meniscal or ligamentous tear. Guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling knee symptoms with red-flag conditions identified to suggest possible internal derangement, failure to increase in range in therapy with extreme progression of symptoms, and neurological deficits to suggest a surgical lesion that is imaging confirmed. Submitted reports have not adequately demonstrated support for this orthopedic consultation. The Surgical evaluation of the right knee is not medically necessary and appropriate.