MAXIMUS Federal Services

Case Number:	CM14-0129509		
Date Assigned:	09/03/2014	Date of Injury:	10/22/2012
Decision Date:	10/06/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year old male claimant has an industrial injury dated 10/22/12. The patient is status post a right knee arthroscopic partial medial meniscectomy as of 2013. MRI of 09/18/13 provides evidence of a linear tear of the lateral meniscus body with a communicating lateral parameniscal cyst. In addition, the tear had apparent focal tendsion to the meniscal free edge. Exam note 07/18/14 states the patient returns with right knee pain. Upon phyisical exam there was no evidence of a significant joint effusion, but there was apprehension without pain when asked to move in a patellar motion. The patient demonstated no instability to carus or valgus stress. The patient is noted to have a positive McMurray test for posterolateral pain. Diagnosis was noted as a tear of lateral cartilage or meniscus of the right knee. Records demonstrate prior orthopedic consultation completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

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, page 127.

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, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the claimant has previously completed an orthopedic consultation and there is no evidence of objective findings to warrant an additional orthopedic consultation from the exam note of 7/18/14. Therefore, request for Orthopedic consultation is not medical necessary.