

Case Number:	CM14-0134648		
Date Assigned:	08/27/2014	Date of Injury:	04/27/2010
Decision Date:	10/08/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 53 year old female who injured her right knee and low back on April 27, 2010 while working as a puller. The most recent clinical note by pain management specialist, dated July 7, 2014, indicates the injured worker continues with complaints of right knee pain even after knee surgery approximately two years prior to this visit, as well as low back pain. Diagnosis, osteoarthritis of the right lower leg for which the injured worker underwent physical therapy for in January/February of 2014. Physical exam of the lumbar spine was noted to be grossly abnormal. The injured worker can flex 80 degrees with pain in the low back going down the right side and extend only 10 degrees. She has spasm in the right latissimus dorsi greater than the left. Right rotation is 10 degrees and left rotation is 25 degrees with pain in the low back going down the right leg. The injured worker has 1/6 weakness of the right abductor hallucis longus and foot flexors. Positive straight leg raise tests are at 30 degrees on the right and 45 degrees on the left. The injured worker has received no treatment for low back pain. Physical exam of right knee noted to be extremely painful. Extension 180 degrees but flexion is 90 degrees. No evidence of laxity in the right knee. The claimant has positive McMurray's Test & Lachman Test. There is a MRI of the right knee which revealed increased fluid in the anterior horn of the lateral meniscus, bloody configuration of the posterior horn of the lateral meniscus as well as oblique linear increased signal of the lateral horn of the meniscus consistent with tears. MRI of the lumbar spine, dated August 14, 2014, revealed significant narrowing at L5-S1 intervertebral disc, circumferential disc bulging, osteophytic ridge formation, bilateral foraminal encroachment, mild segmental narrowing of the canal with borderline stenosis at L4-L5 with bilateral recess narrowing and mild foraminal encroachment, especially on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2014, Knee & Leg, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee, Office Visits

Decision rationale: There is an orthopedic Qualified Medical Evaluation (QME) with [REDACTED] on 5/12/14 which documents positive orthopedic tests (McMurray's & Lachman's) for right knee. This is consistent with the last MRI of the knee that reveals internal derangement with lateral meniscus. In addition, the neurologic exam of the lower extremities reveals dermatomal sensory loss in Right L3, 4, 5 distributions with right calf atrophy/weakness. Therefore the Orthopedic Consultation is reasonable and medically necessary.