

<b>Case Number:</b>	CM14-0136235		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### **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 Orthopaedic 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:

This 55-year-old female sustained an industrial injury on 3/23/10. The patient reported an onset of low back, right shoulder, and neck pain pulling wet tangled blankets. Records documented conservative treatment requests for chiropractic, physical therapy, topical compounds, anti-inflammatory medication, muscle relaxant, opioid pain medication, and proton pump inhibit. Extracorporeal shockwave therapy was documented to the cervical spine for a diagnosis of myofascial pain syndrome. Eight visits of physical therapy for the lumbar spine were documented from 2/6/14 to 3/19/14. Acupuncture was provided for chief complaint of lumbar spine pain with the 21st visit documented on 2/25/14. The 6/5/13 right knee MRI impression documented grade II chondromalacia patella. There was a board malacic circumferential tear of the posterior horn and body of the medial meniscus that communicated with the meniscocapsular junction. There was loss of articular cartilage, marrow edema on the tibial greater than femoral side of the medial articulation. The 7/3/14 treating physician report cited complaints of grade 10 lower back, headache, bilateral leg, bilateral shoulder, neck, and right arm pain with swelling. Physical exam documented tenderness to palpation. The diagnosis was right knee pain. Authorization was requested for right knee surgery. The patient was off work. The 8/7/14 utilization review denied the requests for post-operative consultation with an orthopedic surgeon as the associated meniscectomy was non-certified. There is no evidence that right knee meniscal surgery was approved.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-op Consultation with an Orthopedic Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (updated 06/05/14) Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Office visits

**Decision rationale:** The California MTUS does not specifically address office post-op visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. 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. Guideline criteria have not been met. There was a request for meniscectomy but there is no evidence that surgery was approved. Records do not support the medical necessity of meniscectomy relative to mechanical symptoms, clinical exam findings, or failed conservative treatment consistent with guidelines. The medical necessity of this request cannot be established in the absence of a surgical procedure. Therefore, this request is not medically necessary.