

Case Number:	CM14-0095045		
Date Assigned:	09/15/2014	Date of Injury:	03/04/2011
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 patient is a 60-year-old female with a date of injury of March 4, 2011. The patient was injured at work when she fell and landed on both knees. She describes pain in her hands and knees. The patient has had 2 right knee surgeries. Her symptoms that showed improvement after the second surgery. She's had physical therapy has been walking with a cane. Physical examination shows healed arthroscopic portals. Patient wears a neoprene knee brace. Flexion was restricted and limited by pain. There is a moderate effusion in the right knee. There is some leg weakness. The patient has been followed by her right knee orthopedic specialists. This Dr. retired a few months ago. The last note from the orthopedic specialists provided no recommendations for another provided to followup. However, the patient continues to have problems with the knee. Since the patient has had physical therapy and not shown significant improvement is reasonable for the patient to be seen by an orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Referral to an orthopedic surgeon for ongoing treatment of the right knee between 05/28/2014 and 07/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 334.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee pain chapter

Decision rationale: This patient has had 2 previous right knee surgeries. The patient has had orthopedic followup by the physician who has since retired. The patient continues to have problems of the right knee despite physical therapy 2 surgeries. Patient is not success with physical therapy. As documented loss of motion the knee. Orthopedic surgical followup for right knee is recommended at this time if the patient has failed conservative measures and continues to have right knee pain and loss of motion. Criteria for orthopedic followup met.