

Case Number:	CM14-0210217		
Date Assigned:	12/23/2014	Date of Injury:	11/01/2013
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

62y/o male injured worker with date of injury 10/31/13 with related right knee pain. Per orthopedic consultation report dated 10/16/14, the injured worker complained of constant right knee pain rated 7-8/10. He had noticeable swelling and had difficulty fully bending his knee. His symptoms included sharp shooting pain to his right foot, cramping, weakness, burning, throbbing, tightness in the hamstring, spasms, exhaustion and slight clicking. The left knee had intermittent pain rated 6/10. There was also swelling. His symptoms included sharp pain, a knot on the medial and lateral side of the knee, spasms, throbbing, burning, and cramping in the back of the knee. X-rays of the bilateral knees revealed arthritis in both right and left knees that was mild. No loose fragments. There was some bone spur formation in the patellofemoral joint of the right knee. MRI of the right knee revealed radial tear of the posterior medial meniscus with slight subluxation medially as well as articular cartilage loss in the medial femoral condyle. There was extensive synovitis and fluid inside the knee and some scarring of the ACL possibly representing an old tear or degenerative changes. Treatment to date has included physical therapy, bracing, and medication management. The date of UR decision was 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, 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) Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: Per the ACOEM guidelines: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Per review of the submitted documentation, the requested operative procedure has been deemed not medically necessary. As such, the requested pre-operative evaluation is not medically necessary.