

Case Number:	CM15-0004322		
Date Assigned:	01/12/2015	Date of Injury:	08/20/1996
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 54-year-old male who reported an injury on 08/20/1996. The mechanism of injury was not provided. His diagnoses include knee pain, cervical radiculopathy, cervical facet syndrome, depression, patellofemoral syndrome, and spasm of muscle. Past treatments were noted to include epidural steroid injections, trigger point injections, physical therapy, acupuncture, chiropractic therapy, TENS unit, exercise, surgery, and medial branch blocks. Surgical history was noted to include right knee patellar tendon debridement with chondroplasty of the patella and lateral tibial plateau on 11/11/1996. On 12/03/2014, it was noted the patient had pain that he rated 4/10 with the use of the medication and 6/10 without. He reported that he had increased right sided pain and that his right knee "buckled on him." Upon physical examination, it was noted that the injured worker had restricted range of motion to his lumbar and cervical spine. His sensation, motor strength, and reflexes were within normal limits. Relevant medications were noted to include hydroxychloroquine 200 mg, Flexeril 10 mg, gabapentin 600 mg, Lexapro 20 mg, Imitrex 6 mg, Mobic 7.5 mg, Ambien 10 mg, Norco 10/325 mg, and Duragesic 75 muscle group. The treatment plan was noted to include orthopedic referral, EMG, physical therapy, and medications. A request was received for referral to orthopedic surgeon for instability and pain. The Request for Authorization form was signed 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for referral to orthopedic surgeon is medically necessary. According to the California MTUS/ACOEM Guidelines, referrals may be appropriate depending upon the issue involved. The clinical documentation submitted for review indicated the injured worker had pain and instability to his knee despite multiple modalities of pain relief and functional improvement. Accordingly, the request is supported. As such, the request for referral to orthopedic surgeon is medically necessary.