MAXIMUS Federal Services

Case Number:	CM15-0012245		
Date Assigned:	01/29/2015	Date of Injury:	09/12/2012
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 43 year old woman with an industrial injury dated 09/12/2012. She states she walked onto a floor that had been freshly mopped and slipped. She started to fall and prevented falling with her hand and hit her right knee on the ground. On 10/30/2014 she presented for re-evaluation of right knee pain. She was given Flexeril at her previous visit for muscle spasm which she states was not helpful. She describes the pain as 8/10 before medication coming down to 7/10 with medications. Physical exam revealed a small effusion and some mild swelling of the joint. There was tenderness at the medial and lateral aspect of the joint. Range of motion is full at extension and flexion with crepitus on exam. Prior treatments include MRI of the knee showing a tear in the lateral meniscus resulting in arthroscopic surgery with partial lateral menisectomy. She also received visco-suppplementation injections. Diagnoses include right knee pain, status post right knee partial lateral menisectomy and arthroscopic plica excision on 06/20/2013, severe degenerative joint disease of the right knee and compensatory left knee pain.On 01/09/2015 the request for orthopedic evaluation for the right knee was non-certified. MTUS and ACOEM were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pg.127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In addition, and according to MTUS guidelines, and in the chapter of knee complaints, referral for surgical consultation may be indicated in case of activity limitation for more than one month, and failure for exercise programs to increase range of motion. There is no documentation that the patient failed exercise programs or activity limitation for more than one month. There is no documentation that the patient response to pain therapy falls outside the expected range. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Orthopedic evaluation is not medically necessary at this time.