

Case Number:	CM15-0117162		
Date Assigned:	06/25/2015	Date of Injury:	02/03/2014
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 37 year old male sustained an industrial injury on 2/3/14. He subsequently reported back and bilateral knee pain. Diagnoses include lumbago, internal derangement of the knee, lumbar sprain, lumbar facet hypertrophy and lumbar stenosis. Treatments to date include x-ray and MRI testing, injections and physical therapy. The injured worker continues to experience bilateral knee pain and back pain that radiates to the right lower extremity. Upon examination, there is decreased range of motion in the left knee and lumbar spine. A request for Orthopedic consultation for the left knee was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for the left 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-Independent Medical Examinations and Consultations, page 127, 156, Official Disability Guidelines (ODG), Pain Chapter, Office Visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-344.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 13 (Knee complaints), page 343-344, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. In this case, there is insufficient evidence from the exam note from 5/26/15 of failure of physical therapy or exercise program for the patient's knee pain. In addition, no report of the MRI is submitted to substantiate the interpretation of ACL tear. Based on this the request is not medically necessary.