

<b>Case Number:</b>	CM15-0117225		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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  
 Certification(s)/Specialty: Emergency 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 74 year old male, who sustained an industrial injury on 11/07/2013. He has reported injury to the left knee. The diagnoses have included left knee bursitis; enthesopathy of knee unspecified, left; status post trauma left tibia tubercle; status post left pre-tibial bursal excision and loose body removal, left knee, on 09/29/2014; and right knee pain secondary to extra stress protecting left knee. Treatment to date has included medications, diagnostics, injection, physical therapy, home exercise program, and surgical intervention. Medications have included Neurontin and Voltaren. A report from the treating physician, dated 05/05/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of now having pain in the anterior knee and numbness in the lateral left knee; and it is hard to go up and down stairs. Objective findings included left knee does not swell; no instability; no prior problem with his left knee; he has more pain now in the right knee than the left because of compensation protecting the left knee; scare over the left tibial tubercle; crepitates; no effusion; full range of motion; no guarding; and numbness to the lateral left knee; and x-ray of the left knee shows minimal medial narrowing. The treatment plan has included the request for evaluation (right knee).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation (right knee):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 1, Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested Evaluation (right knee), is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states: If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has pain in the anterior knee and numbness in the lateral left knee; and it is hard to go up and down stairs. Objective findings included left knee does not swell; no instability; no prior problem with his left knee; he has more pain now in the right knee than the left because of compensation protecting the left knee; scare over the left tibial tubercle; crepitates; no effusion; full range of motion; no guarding; and numbness to the lateral left knee; and x-ray of the left knee shows minimal medial narrowing. The treating physician has documented sufficient exam evidence of knee pathology to establish the medical necessity for a consult to evaluate the right knee and make applicable recommendations. The criteria noted above having been met, Evaluation (right knee), is medically necessary.