

<b>Case Number:</b>	CM15-0172772		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 37 year old female, who sustained an industrial injury on 4-7-14. The injured worker was diagnosed as having closed reduction fractured left upper end tibia, other post procedural status; osteoarthritis involving multiple sites; strain of unspecified site of shoulder-upper arm strain from one year use of crutches; obesity, unspecified; posttraumatic osteoarthritis left knee. Treatment to date has included status post open reduction internal fixation (ORIF) of the left lateral tibial plateau fracture (4-7-14); physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 7-21-15 indicated the injured worker returns on this day as a follow-up with persistent pain in the bilateral shoulders rated at "3 out of 10" per the provider's documentation. She reports left knee pain is rated at "8 out of 10" and frequent and same and it is not worsening per the provider's documentation. She is a status post open reduction internal fixation (ORIF) of the left lateral tibial plateau fracture (4-7-14). She reports to the provider her pain is "made better with rest and medication. She is taking Tramadol that helps her pain from 8 out of 10 down to 3 out of 10 as well as Motrin that helps her pain from 8 out of 10 down to 4 out of 10. She is in a wheelchair." She is not working at this time. On examination of the bilateral shoulders, the provider documents "revealed tenderness laterally. There is tenderness noted with passive range of motion. Hawkin's and Neer's impingement tests were positive." On examination of the left knee, the provider notes: "left knee revealed healed incision. There is mild effusion. It was diffusely tender. Range of motion was 0-90 degrees." Examination of the left foot, the provider documents: "left foot revealed significant swelling. It was diffusely tender. There was diffuse

pitting edema. Her gait was very slow and antalgic. She was using crutches." The provider notes at this point she has persistent pain, worsening and decreased function "as well as unable to ambulate for more than five feet". He would like for her to "see a knee specialist regarding" left knee for possible hardware removal. "A PR-2 notes dated 3-4-15 indicate the injured worker complains of continued pain and discomfort located over her anterolateral knee. The provider documents she is frustrated because she has not had therapy approved." She reports to the provider she is reliant on her crutches and feels that nobody is supporting her in her quest to return to her previous level of activity and job. On physical examination, the provider documents "her incisions are well healed. He notes she has minimal swelling and is mildly tender over the anterolateral knee. He documents she has good range of motion from 0 until her flexion is limited by her soft tissue. She has good range of motion of her ankle. When asked to demonstrate her shoulder range of motion, she forward elevates to approximately 145, abducts to the same, externally rotates to 40. She states that now both shoulders are a problem for her." He documents imaging as: "Standing radiographs of the left knee demonstrate well-maintained joint spaces. There has been some collapse of the lateral plateau that has been stable since she first began weight bearing. There is no implant related issues." PR-2 notes dated 4-30-15 document diagnostic findings: "April 30, 2015: X-rays of the left knee, two views: Impression: lateral plateau fracture healed with some mild lateral joint collapse. Hardware was intact. Alignment is good." A Request for Authorization is dated 8-14-15. A Utilization Review letter is dated 8-11-14 and non-certification was for a consult with a knee specialist regarding hardware removal, to left knee. Utilization Review denied the requested service stating: "ACOEM does support a referral when there is a diagnosis that is in certain or extremity complex or when the plan or course of care may benefit from additional expertise. The treating provider notes requesting the knee specialist for possible hardware removal. However, provided documentation lacks any imaging evidence noting this patient to have failure of hardware prior to consideration of specialty referral." The provider is requesting authorization of a consult with a knee specialist regarding hardware removal, to left knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One consult with a knee specialist regarding hardware removal, to left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested One consult with a knee specialist regarding hardware removal, to left knee, is not 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 persistent pain in the bilateral shoulders rated at "3 out of 10" per the provider's documentation. She reports left knee pain is rated at "8 out of 10" and frequent and same and it is not worsening per the provider's documentation. She is a status post open reduction internal fixation (ORIF) of the left lateral tibial plateau fracture (4-7-

14). She reports to the provider her pain is "made better with rest and medication. She is taking Tramadol that helps her pain from 8 out of 10 down to 3 out of 10 as well as Motrin that helps her pain from 8 out of 10 down to 4 out of 10. She is in a wheelchair." She is not working at this time. On examination of the bilateral shoulders, the provider documents "revealed tenderness laterally. There is tenderness noted with passive range of motion. Hawkin's and Neer's impingement tests were positive." On examination of the left knee, the provider notes: "left knee revealed healed incision. There is mild effusion. It was diffusely tender. Range of motion was 0-90 degrees." Examination of the left foot, the provider documents: "left foot revealed significant swelling. It was diffusely tender. There was diffuse pitting edema. Her gait was very slow and antalgic. She was using crutches." The provider notes at this point she has persistent pain, worsening and decreased function "as well as unable to ambulate for more than five feet". He would like for her to "see a knee specialist regarding" left knee for possible hardware removal. "A PR-2 notes dated 3-4-15 indicate the injured worker complains of continued pain and discomfort located over her anterolateral knee. The provider documents she is frustrated because she has not had therapy approved." She reports to the provider she is reliant on her crutches and feels that nobody is supporting her in her quest to return to her previous level of activity and job. On physical examination the provider documents "her incisions are well healed. He notes she has minimal swelling and is mildly tender over the anterolateral knee. He documents she has good range of motion from 0 until her flexion is limited by her soft tissue. She has good range of motion of her ankle. When asked to demonstrate her shoulder range of motion, she forward elevates to approximately 145, abducts to the same, externally rotates to 40. She states that now both shoulders are a problem for her." He documents imaging as: "Standing radiographs of the left knee demonstrate well-maintained joint spaces. There has been some collapse of the lateral plateau that has been stable since she first began weight bearing. There is no implant related issues." PR-2 notes dated 4-30-15 document diagnostic findings: "April 30, 2015: X-rays of the left knee, two views: Impression: lateral plateau fracture healed with some mild lateral joint collapse. Hardware was intact. Alignment is good." A Request for Authorization is dated 8-14-15. A Utilization Review letter is dated 8-11-14 and non-certification was for a consult with a knee specialist regarding hardware removal, to left knee. Utilization Review denied the requested service stating: "ACOEM does support a referral when there is a diagnosis that is in certain or extremity complex or when the plan or course of care may benefit from additional expertise. The treating provider notes requesting the knee specialist for possible hardware removal. However, provided documentation lacks any imaging evidence noting this patient to have failure of hardware prior to consideration of specialty referral." Without evidence of hardware failure or persistent symptomatology due to hardware, the treating physician has not documented what he anticipates achieving from such a consult. The criteria noted above not having been met, one consult with a knee specialist regarding hardware removal, to left knee is not medically necessary.