

Case Number:	CM15-0062304		
Date Assigned:	04/08/2015	Date of Injury:	01/09/2015
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 28-year-old [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of January 9, 2015. In a March 25, 2015 Utilization Review Report, the claims administrator seemingly failed to approve a request for a referral to an orthopedic knee surgeon. The claims administrator stated that he was basing his decision on non-MTUS ODG guidelines but did not incorporate the same into the body of his report. A March 9, 2015 RFA form is also referenced. In a RFA form dated March 9, 2015, the applicant was asked to transfer care to an orthopedic knee surgeon to address issues with the knee meniscal tear. MRI imaging of the knee dated February 19, 2015 was notable for a horizontal tear of the posterior horn of the medial meniscus. On March 10, 2015, the applicant did consult an orthopedic knee surgeon reporting ongoing complaints of knee pain, 4/10. The applicant was working light duty at [REDACTED], it was acknowledged. 4+ to 5/5 right knee strength was noted. The applicant was given an operating diagnosis of meniscal tear. A 15-pound lifting limitation was endorsed. It was stated that the applicant was an ideal candidate for arthroscopic knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedic surgeon to evaluate and treat the 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, Work Loss Data Institute.

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

Decision rationale: Yes, the proposed orthopedic surgery referral was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 13, page 343, referral for surgical consult may be indicated for applicants who have activity limitations for more than one month in whom exercise programs have failed to increase range of motion and strength of the musculature around the knee. ACOEM Chapter 13, page 344 further notes that arthroscopic partial medial meniscectomy procedures usually have a high success rate. Here, the applicant had a radiographically confirmed meniscal tear which had seeming proven recalcitrant to conservative treatment in form of time, medications, physical therapy, observation, work restrictions, etc. Moving forward with an orthopedic knee surgery consultation was, thus, indicated. Therefore, the request was medically necessary.