

Case Number:	CM15-0066166		
Date Assigned:	04/14/2015	Date of Injury:	02/14/2013
Decision Date:	05/12/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 34 year old male, who sustained an industrial injury on 02/14/2013. He has reported injury to the right knee. The diagnoses have included strain of cruciate ligament of the right knee; and status post right anterior cruciate ligament reconstruction with Achilles allograft on 10/15/2013. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco. A progress note from the treating provider, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right knee pain and feelings of giving way in his right knee. Objective findings have included right knee tenderness of the lateral patellar facet, the medial patellar facet, and the medial joint line; and the anterior drawer sign is positive. The treatment plan has included the request for second opinion consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 350-352.

Decision rationale: This 34 year old male has complained of right knee pain since date of injury 2/14/13. He has been treated with surgery, physical therapy and medications. The current request is for a second opinion consult. There is no provider rationale included within the available medical records regarding the necessity or purpose of obtaining a second opinion consult. On the basis of the available medical documentation and per the ACOEM guidelines cited above, a second opinion consult is not indicated as medically necessary.