

Case Number:	CM15-0071840		
Date Assigned:	04/22/2015	Date of Injury:	12/18/2003
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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: Internal 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 40-year-old female, with a reported date of injury of 12/18/2003. The diagnoses include bilateral knee chondromalacia, bilateral knee strain, and status post two left knee arthroscopies with persistent residual. Treatments to date have included a transcutaneous electrical nerve stimulation (TENS) unit, knee braces, oral medications, and topical pain medication. The progress report dated 03/02/2015 indicates that the injured worker had bilateral knee pain, which was rated 3 out of 10. She had difficulty kneeling and squatting due to the pain. The physical examination of the left knee showed mild swelling, slight to moderate tenderness to palpation of the peripatellar region, medial joint line, lesser tenderness of the lateral joint line, and decreased flexion. An examination of the right knee showed slight tenderness to palpation of the patella, medial and lateral joint lines, crepitation was heard and palpated with range of motion, and decreased flexion. The treating physician requested an orthopedic re-evaluation for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Evaluation with orthopedic [REDACTED] for bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The primary treating physician's progress report dated 3/3/15 documented bilateral knee pain. She has difficulty kneeling and squatting due to the pain. Orthopedic examination on 6/26/12 demonstrated bilateral knee chondromalacia. Left knee examination shows mild swelling. Palpation shows slight to moderate tenderness of the peripatellar region, medial joint line, and to lesser tenderness of the lateral joint line. Right knee exam demonstrated slight tenderness of the patella, medial and lateral joint lines. Crepitation is heard and palpated. Gait is slow. Chronic left knee strain status post two arthroscopies with persistent residual was documented. Chronic right knee strain was documented. The patient has chronic persistent bilateral knee pain. Medical records indicate that the patient would benefit from the expertise of an orthopedic specialist. The request for orthopedic specialty referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for orthopedic evaluation for bilateral knees is medically necessary.