

Case Number:	CM15-0072004		
Date Assigned:	04/22/2015	Date of Injury:	01/21/2013
Decision Date:	05/20/2015	UR Denial Date:	03/13/2015
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: New York, West Virginia, Pennsylvania
 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 44-year-old male patient who sustained an industrial injury on 01/21/2013. The initial subjective complaints described right knee sprain and he was diagnosed and treated for a medial meniscal tear with conservative methods. A primary treating office visit dated 01/21/2013 reported the patient with subjective complaints of left heel pain. He reports persistent pain and discomfort upon prolonged ambulation and weight bearing. He reports a decreased intensity of pain associated with poststatic dyskinesia of the left heel after home stretching exercises. He has been utilizing the prefabricated inserts for ambulation. He has a surgical history of left elbow ORIF, and right knee arthroscopy. He is still employed and working. The assessment noted status post right knee arthroscopy; left gastrosoleus equinus; left plantar fasciitis with calcaneal heel spur, and overuse left lower extremity secondary to right knee surgery. The plan of care involved administration of a Corticosteroid injection, avoid excessive ambulation, and apply ice over the next 72 hours. He was fitted for orthotics, continue home stretching exercises, NSAID's as needed, and follow up in one month. A orthopedic surgical evaluation dated 11/04/2014 reported an assessment of status post right knee arthroscopy; left gastrosoleus equinus; left plantar fasciitis with calcaneal heel spur, and overuse left lower extremity secondary to right knee surgery. The plan of care involved: recommending one pair of custom orthotics and a series of Corticosteroid injections treating the left heel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee; Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee joint replacement.

Decision rationale: Guidelines recommend knee replacement if 2 of 3 compartments are affected. In this case, the patient has been referred to an orthopedic surgeon who opined that this patient is not a candidate for total knee replacement, partially due to his young age. A second opinion is not supported by guideline since a recommendation to pursue surgery would not be in the best interest of the patient. The request for a second opinion by an orthopedic surgeon is not medically appropriate and necessary.