

Case Number:	CM15-0074182		
Date Assigned:	04/24/2015	Date of Injury:	07/05/2000
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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, Tennessee

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 63 year old male, who sustained an industrial injury on 7/05/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having tenosynovitis, wrist, osteoarthritis, knee, and lumbar strain. Treatment to date has included medications. On 2/23/2015, the injured worker presented for a recheck of right arm pain. He was previously treated by another physician for chronic low back, right knee, and right wrist pain. He stated that his right knee pain was more significant than the baseline pain experienced for years. Current medication use included Celebrex and Tylenol #3 (reported no refills since December). His body mass index was 30.55%. The treatment plan included a referral for treatment for orthopedic specialist for right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic specialist for treatment for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Office Visits.

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

Decision rationale: Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. In this case the patient has increased pain in the right knee, but there is no documentation of activity limitation or failure of exercise programs to increase range of motion and muscle strength. Surgical consultation is not indicated. The request is not medically necessary.