

<b>Case Number:</b>	CM15-0075155		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 32 year old male injured worker suffered an industrial injury on 03/06/2013. The diagnoses included left knee arthropathy, meniscal tear, articular cartilage defect, probable inguinal hernia, lumbosacral strain, thoracic strain, and left shoulder strain. The diagnostics included left knee x-rays and left knee magnetic resonance imaging. The injured worker had been treated with medications, physical therapy. On 3/26/2015 the treating provider reported an urgent visit for ankle pain 9/10. There was also left knee, left low back, hip and left groin pain. There was reduced lumbar range of motion that was guarded. The left knee had swelling and reduced range of motion. The treatment plan included general surgeon and orthopedic surgeon.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Chronic Pain Treatment Guidelines Page(s): 1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, although there were subjective complaints and physical findings suggestive of possible internal derangement of the knee such as meniscal tear or cartilage damage, there was insufficient findings to suggest an urgent referral for surgery was needed--no red flag diagnoses. Therefore, considering the fact that there was no documentation of having completed a significant and complete course of conservative care (physical therapy, medications) surgical consultation is not medically necessary at this time.