

Case Number:	CM15-0094766		
Date Assigned:	05/20/2015	Date of Injury:	01/12/2012
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 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 injured worker is a 39 year old male patient who sustained an industrial injury on 01/12/2012. A pain management follow up visit dated 10/13/2014 reported the patient with continued complaint of bilateral knee pain, left greater. He states getting some relief from administration of injections and the last one being 07/25/2014 which offered 3-4 weeks of benefit. Subsequently, the pain has returned and he is pending authorization of Synvisc injection to the left knee. He did undergo arthroscopic surgery to the right knee in 05/2012. Thereafter, he sought orthopedic consultation that recommended bilateral knee surgery beginning with the left knee. He reports continued complaint of neck, left shoulder pain, but states its manageable pain with the use of medications. He was deemed permanent and stationary on 10/05/2014. Current medications are: Ultram, Anaprox, and Protonix. Objective findings showed the cervical spine with numerous trigger points that are palpable and tender throughout the cervical and paraspinal muscles with decreased range of motion. There is also tenderness to palpation bilaterally of the posterior cervical musculature; along with increased muscle rigidity. Bilateral knees are with tenderness to palpation along the medial and lateral joint lines and positive crepitus. Diagnostic testing to include: cervical spine magnetic resonance imaging study performed on 08/22/2013 revealed a diffuse disc herniation at C7-T1 with extrusion and prominent left paracentral component causing stenosis and bilateral recess, and foraminal stenosis. A left shoulder MRI taken on the same date showed acromioclavicular osteoarthritis. The left knee MRI performed on 03/18/2013 revealed an oblique tear to the body and posterior horn of the medial meniscus. Lastly, the right knee MRI also done on 03/18/2013 showed an

oblique tear also. The assessment noted the patient with right knee medial and lateral meniscus tear with partial thickness ACL tear, status post arthroscopy 05/2012; left knee lateral meniscus tear with tricompartmental chondromalacia and osteoarthritis; right knee also with tricompartmental osteoarthritis and chondromalacia, and cervical myoligamentous injury. The plan of care involved: continuing with recommendation for the administration of one Synvisc injection to the left knee; follow up with orthopedic surgeon, and return to this office for follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter - office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant has physical findings of meniscal injury and imaging as well as prior consultations indicated ACL injury. The request for follow-up with an orthopedic surgeon is appropriate and medically necessary.