

Case Number:	CM13-0000528		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2013
Decision Date:	07/25/2014	UR Denial Date:	05/01/2013
Priority:	Standard	Application Received:	05/31/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 23-year-old injured in a work related accident on 03/01/13. The clinical records provided for review include a 02/07/14 progress report documenting that the claimant was diagnosed with a left rib cage contusion, left elbow contusion, and right knee strain with MRI evidence of scar tissue, and a left knee strain with pes bursitis. Physical examination findings showed tenderness to the elbow diffusely over the lateral epicondyle, right knee examination showed 120 degrees range of motion and a positive McMurray's test, and left knee examination showed tenderness to both the lateral compartment and pes bursa. The claimant was assessed on that date by [REDACTED] noted to be a diplomat of the American Board of Orthopedic Surgery and a Board Certified Orthopedic Surgeon. Aquatic therapy was recommended. There was also a request on that date for referral to an orthopedist regarding the claimant's chronic underlying orthopedic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFER OF CARE TO AN ORTHOPEDIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, Chapter 7, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for transfer of care to an orthopedist cannot be supported as medically necessary. At the last clinical assessment, it was documented that the claimant was being seen by [REDACTED], a Board Certified Orthopedic Surgeon. The medical records do not identify why referral to another orthopedist is necessary in light of the fact the claimant is being treated by an orthopedic surgeon. There is currently no medical indication for transfer of care given the claimant's current clinical presentation. The request is not medically necessary.