

Case Number:	CM13-0035486		
Date Assigned:	12/13/2013	Date of Injury:	12/11/2010
Decision Date:	02/12/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 patient is a 51-year-old who was injured in a work related accident on 12/11/10. Recent clinical records include the 10/08/13 authorization request from [REDACTED], requesting a surgical consult for the claimant's bilateral knees as well as a follow-up for medications. Most recent clinical report, however, for review is a 06/21/13 assessment with [REDACTED], who gave the claimant a diagnosis of a knee sprain on the left superimposed on anterior cruciate ligament tear and a posterior horn to the medial meniscus per an MRI on 01/21/13. He also gave the claimant a diagnosis of a sprain to the right knee superimposed on an oblique tear to the medial meniscus per an MRI on 01/21/13. He indicates the claimant is status post bilateral carpal tunnel release procedure and also is with a diagnosis a sprain to the lumbar spine with disc protrusions and degenerative findings. His lumbar examination at that date demonstrated positive straight leg raise with marked changes to peripheral sensation and no weakness noted bilaterally. There is no formal assessment with [REDACTED] available following this assessment. There is a current request for a follow-up for medication management as well as a surgical consultation for the claimant's bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

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) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: In this case, a follow-up consultation would appear to be medically warranted. The claimant continues to utilize medication management and also continues to be symptomatic in regard to both his knees as well as his low back. Follow-up assessment given continued understanding of findings as well as treatment with medications is medically necessary and appropriate.

Surgical consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pages 127 and 156), and the ODG

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) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: A surgical consultation specifically for the claimant's knees would also be supported. The California ACOEM Guidelines indicate that a consultation may be necessary when the diagnosis is of a complex nature where the plan of course of care may benefit from additional expertise. The records indicate that the claimant is with orthopedic injuries to the knees bilaterally with documented understanding of surgical findings in the form of an ACT tear and meniscal tear on the left and a meniscal tear on the right. The requested surgical consultation for formal assessment in regard to the above diagnosis is medically necessary and appropriate.