

Case Number:	CM13-0062539		
Date Assigned:	12/30/2013	Date of Injury:	02/24/2011
Decision Date:	05/08/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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 Texas. 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 injured worker is a 54-year-old male who reported an injury on 02/24/2012. The mechanism of injury was not provided. Current diagnoses include knee degenerative arthrosis, lumbosacral strain, knee internal derangement, and lumbar degenerative disc disease. The most recent Physician's Progress Report submitted for this review is documented on 05/30/2013. The injured worker reported bilateral knee pain. Physical examination was not provided. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ORTHOPEDIC CONSULTATION AND TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Chapter 7, page 127-146

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment

plan. There is no physical examination provided for review. There is no mention of exhaustion of conservative treatment prior to the request for a specialty consultation. The current request cannot be determined as medically appropriate, as any treatment following an initial consultation would require separate review. Based on the clinical information received and California MTUS/ACOEM Practice Guidelines, the request is non-certified.