

Case Number:	CM13-0065084		
Date Assigned:	01/03/2014	Date of Injury:	10/17/2009
Decision Date:	06/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine, 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 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 43-year-old male who reported an injury on 10/17/2009. The mechanism of injury was not specifically stated. The current diagnoses include medial meniscus tear of the knee, swelling in the limb, thoracic spine arthralgia, cervicalgia, joint pain in the lower leg, joint derangement, and knee chondromalacia patella. The latest physician progress report submitted for this review is documented on 08/08/2013. The injured worker reported persistent knee pain, neck pain, and back pain. The physical examination revealed palpable muscle spasm, paracervical tenderness, midline cervical tenderness, painful range of motion of the cervical spine, 2+ deep tendon reflexes, 5/5 motor strength, negative provocative testing, moderately painful range of motion of the lumbar spine, slight muscle spasm in the thoracic spine, 5/5 motor strength in bilateral lower extremities, 2+ deep tendon reflexes, healed arthroscopy scars in bilateral knees, medial patella and medial joint line tenderness bilaterally, painful range of motion of bilateral knees, and positive McMurray's testing bilaterally. Treatment recommendations at that time included a left knee Orthovisc injection, a urology consultation, an MRI of the cervical and lumbar spine, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM Guidelines indicate that a 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. According to the documentation submitted, the injured worker was previously issued authorization for preoperative clearance to include EKG, laboratory studies, and a chest x-ray on 03/11/2013. There is no mention of this injured worker's completion of the preoperative clearance. Although the injured worker reports hypertension, the injured worker also reports persistent pain and stress, and has not utilized any medication. The notes document the injured worker's blood pressure has been going up, but no vital signs were provided with blood pressure readings. The notes document the injured worker needs to follow up with his primary care physician. The notes did not mention the internal medicine consult and it is not clear what the internal medicine doctor could provide as a consultant which his primary care physician is unable to care for. The medical necessity for the requested consultation has not been established. Therefore, the request is non-certified.