

Case Number:	CM13-0065982		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2012
Decision Date:	05/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 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:

According to the records made available for review, this is a 52-year-old female with a 9/11/12 date of injury. At the time (11/18/13) of request for authorization for general orthopedic consultation with [REDACTED] for bilateral knees and bilateral hands, there is documentation of subjective (8 out of 10 severe persistent pain in the neck and low back with radiation of pain and numbness down both legs into the calves as well as radiation of pain and numbness down both arms into the hands) and objective (hyperesthesia in the right C7 and C8 dermatomes; decreased strength of the upper and lower extremities bilaterally; and hyperreflexia of the upper and lower Final Determination Letter for IMR Case Number CM13-0065982 3 extremities) findings. The x-rays of the bilateral knees report, dated 5/3/12 revealed mild degenerative changes. The current diagnoses include bilateral knee arthralgia and bilateral hand arthralgia. The treatment to date include chiropractic therapy, physical therapy, and medications. There was a plan identifying general orthopedic consultation for evaluation of bilateral knees and bilateral hands. There is no documentation that the requested orthopedic consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENERAL ORTHOPEDIC CONSULTATION FOR THE BILATERAL KNEES AND BILATERAL HANDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DG-TWC PAIN PROCEDURE SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, (2004) INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: The ACOEM Guidelines identify that consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of the diagnoses of bilateral knee arthralgia, bilateral hand arthralgia, acquired trigger finger, and carpal tunnel syndrome. In addition, there is documentation of a plan identifying general orthopedic consultation for evaluation of bilateral knees and bilateral hands. However, despite documentation of subjective (8 out of 10 severe persistent pain in the neck and low back with radiation of pain and numbness down both legs into the calves as well as radiation of pain and numbness down both arms into the hands) and objective (hyperesthesia in the right C7 and C8 dermatomes; decreased strength of the upper and lower extremities bilaterally; and hyperreflexia of the upper and lower extremities) findings, there is no (clear) documentation of functional deficits of the hands and knees. In addition, given documentation that the requesting physician is an orthopedic surgeon, there is no documentation that the requested orthopedic consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on the guidelines and a review of the evidence, the request for general orthopedic consultation for the bilateral knees and bilateral hands is not medically necessary.