

Case Number:	CM14-0007968		
Date Assigned:	02/07/2014	Date of Injury:	01/07/2013
Decision Date:	10/08/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation 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 74-year-old female who reported an injury on 01/07/2013. The mechanism of injury was not provided. On 04/21/2014 the injured worker presented for an orthopedic consultation. Upon examination the injured worker was well developed, well-nourished and in moderate distress. There was tenderness about her right knee with grinding. An x-ray of the right knee and tibia revealed no progression or degenerative arthritis. The diagnoses were status post right tibial plateau fracture with progressive degenerative arthritis of the knee. Prior therapy included surgery and medications. The provider recommended an orthopedic consultation, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 163.

Decision rationale: The California ACOEM Guidelines state that a consultation is intended to aid in the assessing and diagnoses, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. The injured worker had a previous orthopedic consultation dated 04/21/2014. There was no clear rationale to support the need for an additional consultation. The provider stated that the injured worker reached maximum medical improvement. There is lack of documentation on how an orthopedic consultation will allow the provider to evolve any treatment plan or rules for the injured worker. Therefore the request is not medically necessary.