

Case Number:	CM14-0107282		
Date Assigned:	08/01/2014	Date of Injury:	11/11/2010
Decision Date:	10/14/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/10/2014

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, has a subspecialty in Pain 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 38 year old female with a reported date of injury on 11/11/2010. The mechanism of injury was due to a fall. The diagnoses included patellofemoral pain syndrome. The past treatments included pain medication and cortisone injections. The surgical history included right knee arthroscopic patellofemoral chondroplasty and anterior compartment synovectomy on 10/17/2013. The X-ray of the right knee performed on 06/16/2014 was noted to be unremarkable. The subjective complaints on 06/16/2014 included right knee pain rated 5/5. The physical examination to the right knee noted tenderness to palpation along the anteromedial joint line along with well healing incisions with no signs of infection. The medications included Clonazepam and Omeprazole. The treatment plan was to refer the injured worker to an infectious disease physician. A request was received for outpatient consultation with an infectious disease doctor. The rationale provided was to rule out Lyme disease. The request for authorization form was dated 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient consultation with an Infectious Disease Doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, Office visits.

Decision rationale: The request for outpatient consultation with an infectious disease doctor is not medically necessary. The CA MTUS/ACOEM guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines (ODG) state the need for an office visit with a health care provider is individualized and based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker had right knee pain and is status post right knee arthroscopy that was noted to be healing well with no signs of infection. The rationale for the request is to rule out Lyme disease. There was a lack of signs or symptoms documented in the notes that would suggest a diagnosis of Lyme disease. There is also a lack of documentation regarding the Lyme disease antibody levels stated in the clinical. In the absence of any signs or symptoms that would be indicative of Lyme disease, the request is not supported. As such, the request is not medically necessary.