

Case Number:	CM14-0135685		
Date Assigned:	08/29/2014	Date of Injury:	11/01/1988
Decision Date:	10/08/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 an 83year old woman with a date of injury of 11/1/1988 with resulting chronic pain in the neck, low back and bilateral knees. The patient was evaluated by the neurologist on 7/29/14. She has been going to physical therapy with improvement in the neck and back pain but continues to have pain in bilateral knees. The plan of care is for orthopedic evaluation for bilateral knee pain. Under consideration is the denial of the orthopedic consultation for bilateral knee pain dated 8/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for Bilateral Knee Pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC pain procedure

Decision rationale: A referral may be for: Consultation: 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. A consultant is usually asked to act in an advisory

capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In this case the patient has ongoing bilateral knee pain after undergoing physical therapy and it is appropriate for referral to a specialist. Therefore the request is medically necessary.