

Case Number:	CM14-0136315		
Date Assigned:	09/03/2014	Date of Injury:	07/27/2011
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 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:

57 year old male claimant with an industrial injury dated 07/27/11. The patient is status post a right knee arthroscopy with partial medial meniscectomy, extensive synovectomy, and microfracture of the patella femoral joint as of 01/27/12. Exam note 07/21/14 states during the physical exam there was evidence of tenderness of the cervical paravertebral muscles with spasm. The patient demonstrates a positive impingement sign test, Tinel's sign, and Phalen's test. The patient did have reduced grip strength and sensation in the shoulder examination. Range of motion of the lumbar paravertebral muscles is decreased with evidence of tenderness. The right knee had evidence of tenderness to palpation along the joint line and he completed a positive McMurray's test and anterior drawer test. Exam note 07/30/14 states the patient returns with shoulder pain, back pain and right knee pain. Lumbar spine examination demonstrates unspecified motor strength of 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation and treatment (transfer of care): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS/ACOEM guidelines, Low back complaints; page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of 7/30/14 of significant and specific nerve root compromise or confirmed diagnostic study to warrant transfer of care to an orthopedist. Therefore the cited guidelines criteria have not been met and the request is not medically necessary.