

Case Number:	CM14-0160131		
Date Assigned:	10/03/2014	Date of Injury:	05/31/2006
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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 and 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 54 year old female who reported an injury on 05/31/2006 due to a fall. Her diagnosis is a left knee contusion. On 06/10/2014, the injured worker was re-evaluated for her left knee with moderate tenderness over the anterior aspect of the patella. However, there is lack of documentation regarding her past treatment; her surgical, diagnostic and medication history; and subjective and objective findings pertaining to the lumbosacral spine. A request was received for Treatment of Lumbosacral Spine; Consult with [REDACTED]. A rationale for this request was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment of Lumbosacral Spine; Consult with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

Decision rationale: The request is not medically necessary. The injured worker is noted to have a left knee contusion with no mention of injury to the lumbosacral spine as of 06/10/2014. The

Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized, weighted by a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Based on lack of documentation to support evidence of a lumbosacral spine injury within the review, the request is not supported. As such, this request is not medically necessary.