MAXIMUS Federal Services

Case Number:	CM14-0030148		
Date Assigned:	06/20/2014	Date of Injury:	04/13/2012
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 30-year-old male who reported an injury on 04/15/2012 after jumping and hearing a popping sound from his knee. The injured worker had a history of left knee pain that had improvement somewhat. The injured worker had a diagnosis of a left knee symptomatic plica and also had a left knee arthroscopy done on 11/21/2012. The injured worker had a MRI done on 06/27/2012, report not available for review. Additional MRI was on 01/23/2014 which showed fusion only. The clinical note from 04/25/2013 revealed the past treatment included physical therapy, icing the knee and range of motion. The objective findings for clinical note 01/23/2014 revealed the left knee with no weakness noted. No assistive devices used, no deformity noted, palpation shows tenderness over the medial joint line, slight tenderness over the medial patellar fossa. Range of motion active extension was 0 and flexion was 130 degrees, reflexes are equal and symmetrical, muscle strength is a 5/5 in all muscle groups, ligament stability revealed no generalized ligamentous laxity. The meniscus exam showed McMurray's test negative for pain. The treatment plan included continuing medications which includes Motrin. Request for Authorization dated 06/20/2014 was found in documentation. The rationale for consult/treatment with a rheumatology doctor was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation/Treatment with a Rheumatology Doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Referral Issues and the Independent Medicail Examination(IME) Process Chapter 6, page 163.

Decision rationale: The ACOEM guidelines indicate a consultation report should address the question raised and the request should specify any concerns in the IME report, including any relevant medical and non-medical issue, diagnosis and treatment options. The documentation was not evident that the injured worker needed a consultation from the rheumatologist and/or any treatment per the chart note dated 01/14/2014. The injured worker had seen a rheumatologist and there were no positive findings. The physical therapy was not submitted for review. The documentation did not support medical necessity for the consultation. As such, the request is not medically necessary.