MAXIMUS Federal Services

Case Number:	CM14-0043144		
Date Assigned:	07/02/2014	Date of Injury:	10/15/2010
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/10/2014

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 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:

This is a 55-year-old gentleman injured his index finger while working on a tractor in a work-related accident on 10/15/11. The clinical records available for review include a 1/21/14 progress report noting current complaints of neck pain, shoulder pain, and right knee pain. Specific to the claimant's knees, physical examination showed range of motion 0-140 bilaterally, and pain diffusely around the patellae. There was no other orthopedic finding documented to the knee at that time. The claimant was referred for orthopedic assessment for his bilateral knee complaints. The records did not contain any reports of imaging of the knee or documentation of conservative treatment dating back to time of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consulation, bilateral knees, per 01/21/14 report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2ND EDITION, GUIDELINES, CHAPTER 7; PAGE 127: CONSULTATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: Based on the ACOEM guidelines, the referral for orthopedic consultation for the bilateral knees would not be indicated. The medical records identify that the claimant has subjective complaints of bilateral knee pain, but fail to include any imaging, documentation of failed conservative care, or physical examination finding that would support the need for orthopedic referral. Without documentation of the above, the specific request would not be supported. As such, the request is not medically necessary.