

Case Number:	CM14-0047450		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2013
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family 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 patient is a 36 year old male with a date of injury on 8/5/2013. Subjective complaints are of constant low back pain, with numbness and tingling. The patient also has complaints of bilateral knee pain, and right ankle pain. Physical exam shows an antalgic gait, tenderness and spasm of the paraspinal muscles, and tenderness to the bilateral sacroiliacs. There is hyperesthesia of the right lateral thigh. There is tenderness of the right medial and lateral knee and peripatellar tenderness of the left knee, with decreased range of motion. There is a positive McMurray's bilaterally. MRI of the left knee from 11/5/2013 showed a baker's cyst, osteoarthritis, and thinning of the medial meniscus. MRI of the right knee from 10/13/2013 shows lateral tibial plateau fracture. Right ankle MRI shows osteochondritis dissecans within the lateral talar dome.

IMR ISSUES, DECISIONS AND RATIONALES

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

orthopedic evaluation times one for lumbar spine, bilateral knees and right ankle:

Overtured

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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, PAGE 127 Official Disability Guidelines (ODG) PAIN, OFFICE VISITS.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, there are multiple orthopedic conditions present on exam, which are also corroborated by imaging studies. Therefore, the request for orthopedic consultation would help in the therapeutic management of this patient, and is medically necessary.