

Case Number:	CM14-0055955		
Date Assigned:	07/09/2014	Date of Injury:	02/04/2012
Decision Date:	08/28/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/25/2014

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 Occupational Medicine 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 patient is a 58-year-old male who has submitted a claim for internal derangement of the left knee, internal derangement of the right knee, tear of the posterior medial meniscus bilaterally, and tri-compartmental osteoarthritis of the right knee; associated with an industrial injury date of 02/04/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck, shoulder, low back, and bilateral knee pain, right worse than left. Physical examination showed +2 effusion of the right knee. Tenderness was noted in the cervical and lumbar paraspinal muscles, and bilateral medial joint lines. Range of motion was decreased bilaterally. Clark's and McMurray's signs were positive bilaterally. Areflexia was noted in the bilateral Achilles tendon. Weakness was noted in the bilateral knees. Sensation was decreased over the right medial, lateral, and posterior leg and foot. Treatment to date has included medications, physical therapy, and cortisone injection. Utilization review, dated 04/21/2014, denied the request for general practitioner evaluation because there was no documentation or rationale for the need of a general practitioner evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

General practitioner evaluation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the CA MTUS ACOEM Independent Medical Examinations and Consultations state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Guidelines also state that a referral request should specify the concerns to be addressed in the independent of expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. In this case, the medical records did not reveal uncertainty or complexity of issues that warrant consultation with a general practitioner. There is no clear rationale for the requested service. Therefore, the request for general practitioner evaluation is not medically necessary.