

Case Number:	CM14-0064685		
Date Assigned:	07/11/2014	Date of Injury:	08/14/1997
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records presented for review indicate that this 57-year-old individual was reportedly injured on 8/14/1997. The mechanism of injury is noted as striking her knee on an open desk drawer was turning in a chair. The most recent progress note, dated 3/27/2014. The records indicate that there are ongoing complaints of chronic left knee pain. The physical examination demonstrated left knee: range of motion 0-90. Alignment is neutral. Positive tenderness to palpation medial/lateral joint line, patellar tendon and patellar region. Mild swelling, mild crepitus, mild pain with patellar compression. McMurray's is positive. Diagnostic imaging studies include x-rays of the left knee, which reveal moderate medial compartment narrowing, large medial osteophytes. Previous treatment includes previous surgery, injections, medications, and conservative treatment. A request had been made for preoperative consult for clearance from pancreatic standpoint, and was not certified in the pre-authorization process on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative consultation for clearance from a pancreatic standpoint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC), Low Back Chapter.

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 Consultations, page 127.

Decision rationale: MTUS ACOEM guidelines state, "The occupational 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." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After review of the medical records provided there is insufficient documentation stating a current history of pancreatic issues. Therefore, this request is deemed not medically necessary.