

Case Number:	CM14-0081461		
Date Assigned:	07/18/2014	Date of Injury:	04/25/2014
Decision Date:	09/15/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Interventional Spine 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 43-year-old female with an injury date on 04/25/2014. Based on the 05/19/2014 progress report the diagnoses are left knee strain and right wrist strain. According to this report, the patient complains of left knee pain and right wrist pain. The patient rated the left knee pain as an 8/10 that is localized at the bilateral joint lines and suprapatellar region. The patient also rated the right wrist pain as a 4/10 with weakness, "occasionally drops thing." Left knee range of motion is limited with pain and swelling. Tender to palpation of the joint lines was noted. Mc Murray's test is positive. Exam of the right wrist reveals positive Finkelstein's maneuver and tender to palpation over the abductor apparatus of the thumb. There were no other significant findings noted on this report. The utilization review denied the request on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with an Orthopedic specialist for left knee/right wrist, date of service 5/19/14 based on report: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), Chapter 7, page 127 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. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: Regarding consultations, ACOEM states that 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. According to the 05/19/2014 report, this patient presents with left knee pain and right wrist pain. The treater is requesting consultation and treatment with an Orthopedic specialist for left knee/right wrist, date of service 5/19/2014. In this case the patient presents with chronic pain and weakness of the wrist. The requested consultation and treatment with an Orthopedic dated 05/19/2014 is medically necessary and appropriate.