

Case Number:	CM14-0084163		
Date Assigned:	07/21/2014	Date of Injury:	12/04/2012
Decision Date:	10/01/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 52-year-old female was reportedly injured on December 4, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated an antalgic gait favoring the right knee. There is a mild effusion and range of motion from 0 degree to 120 degrees. There was mild crepitus with range of motion and a positive McMurray's test. Diagnostic imaging studies of the right knee indicated horizontal cleavage tear of the medial meniscus. X-rays of the right knee revealed mild patellofemoral joint space narrowing. Previous treatment includes anti-inflammatory medications. A request had been made for a consultation for right wrist pain and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with physician for right wrist pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examination and Consultation 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),⁶ ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The most recent progress note in the attached medical record is dated April 21, 2014 and is with the requested physician. There is no mention of any right wrist pain on that date but only right knee pain. As such, this request for a consultation with physician for right wrist pain is not medically necessary.