

Case Number:	CM14-0096298		
Date Assigned:	07/25/2014	Date of Injury:	02/20/2014
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 42 year old female who injured her bilateral knees in a work related accident on 02/20/14. The clinical records provided for review document that the claimant has undergone a course of conservative treatment and also has complaints of cervical pain. The report of the follow up assessment on 05/16/14 describes continued complaints of discomfort in the neck and bilateral knee complaints. Physical examination revealed tenderness over the medial and lateral joint lines bilaterally but no other specific findings. There is no documentation of imaging reports in regards to the knees or specific documentation of conservative care outlined. At the last clinical assessment, the claimant was referred for orthopedic assessment of her bilateral knee complaints. The records document that treatment in this case since the time of injury focused on the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an Orthopedic Specialist (bilateral knees): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014).

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: Based on California ACOEM Guidelines, the request for orthopedic assessment for bilateral knee complaints cannot be supported as medically necessary. The medical records document subjective complaints of bilateral knee pain, but there is no documentation of acute physical findings on examination, imaging results, or information regarding conservative treatment offered for the knee symptoms. Without better documentation of the claimant's working diagnosis or objective findings on examination or imaging of pathology, the need for orthopedic consultation in this case would not be supported. The request is not medically necessary.