

Case Number:	CM14-0200726		
Date Assigned:	12/11/2014	Date of Injury:	06/02/2011
Decision Date:	01/29/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 52 year old male with an injury date of 06/02/11. Per physician's progress report dated 10/15/14, the patient is status post left 2nd metatarsal osteotomy due to left foot fracture, and is currently complaining of persistent left knee pain. Physical examination of the 2nd MP joint reveals dorsiflexion to 30 degrees versus 45 degrees at the adjacent joint. Plantar flexes to 5 degrees versus 35 degrees in the adjacent joint. The patient is working 8 hour shifts, predominantly sedentary work, as per progress report dated 10/02/14. The patient is receiving physical therapy as part of post-operative care for his left foot, as per progress report dated 07/07/14. Diagnosis, 10/02/14: Status post left 2nd metatarsal osteotomy, doing well. The treater is requesting for CONSULTATION WITH KNEE SPECIALIST [REDACTED] (LEFT KNEE). The utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 07/07/14 - 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with knee specialist [REDACTED] (Left Knee): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

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) ACOEM Practice Guidelines, Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient is status post left 2nd metatarsal osteotomy due to left foot fracture, and is currently complaining of persistent left knee pain, as per progress report dated 10/15/14. The request is for consultation with knee specialist [REDACTED] (left knee). American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state 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. A referral may be for 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. In this case, there is no documentation of any subjective symptoms and objective findings related to the knee. It is not clear if the patient has trialed any type of therapy to manage the condition. The available progress reports do not explain the need for specialist consultation. However, in supplemental progress report dated 10/15/14, the treater states that the patient complains of left knee pain and he has had "an altered gait for a prolonged period of time." The treater recommends a specific doctor because the doctor's office is close to where the patient lives. Consultation with the knee specialist may help address the patient's knee pain. Hence, the request is medically necessary.