

Case Number:	CM14-0057996		
Date Assigned:	07/09/2014	Date of Injury:	06/28/2009
Decision Date:	04/24/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 24 year old male female who sustained an industrial injury on 6/28/09 when she was walking down stairs she turned felt her knee cap pop out of place. She reported the injury two days later when she developed swelling and increased pain. She was x-rayed and was diagnosed with a left knee sprain. She received Voltaren, Norflex, Ultram, hydrocodone and Prilosec. She was given an ACE bandage. Current complaints (7/18/12) include occasional flare-ups of left knee pain. No current medications were available for review. Diagnoses include status post left knee arthroscopic surgery with partial medial meniscectomy and debridement. Treatments to date include injection into left knee (no date). Diagnostics included MRI of the left knee (8/11/09). There is no current progress note available for review indicating the request for re-evaluation consult with orthopedic post-operative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation Consult with Orthopedic Specialist-post op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 92,127,Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rational for the request for an office visit for Ortho. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Re-evaluation Consult with Orthopedic Specialist-post op is not medically necessary.