

Case Number:	CM15-0002973		
Date Assigned:	01/13/2015	Date of Injury:	10/31/2011
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 10/31/2011. She has reported low back pain and left knee pain. The diagnoses have included thoracic spine musculoligamentous strain/sprain; lumbosacral spine strain/sprain with radiculitis; right shoulder sprain/strain and tendinosis; right shoulder adhesive capsulitis; right lateral epicondylitis; right carpal tunnel syndrome; and left knee strain, rule out meniscal tear, left knee patella subluxation. Treatment to date has included medications, bracing, extracorporeal shockwave treatment, and physical therapy. A progress note from the treating physician, dated 12/04/2014, documented a follow-up evaluation of the injured worker. The injured worker reported mid/upper back pain; right shoulder pain; left knee pain, low back pain that radiates in the pattern of bilateral L4 and L5 dermatomes; right wrist pain and numbness; and pain is rated at 8-9/10 on the visual analog scale. Objective findings included grade 2 tenderness to palpation over the paraspinal muscles of the thoracic and lumbar spine with restricted range of motion; grade 2 tenderness to palpation of the right shoulder with restricted range of motion; grade 2 tenderness to palpation of the wrist; grade 2 tenderness to palpation of the left knee; and left knee anterior drawer, posterior drawer, and McMurray's tests are positive. The treatment plan included prescriptions for medications including Ambien and Vicodin; physical therapy on hold; pending authorization for consult with total knee replacement specialist; and follow-up examination in 4 weeks. On 12/09/2014, Utilization Review non-certified an Orthopedic Specialist Consultation regarding Total Knee Replacement, noting the lack of documentation to support the need for the expertise of a total joint specialist. The ACOEM Guidelines: Independent Medical Examinations and Consultations

Regarding Referrals, Chapter 7 was cited. On 01/05/2015, the injured worker submitted an application for IMR for review of an Orthopedic Specialist Consultation regarding Total Knee Replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Specialist Consultation; regarding total Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals. Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, an orthopedic specialist consultation is not medically necessary. The ACOEM states the occupational health practitioner may refer to other specialists with a diagnosis is uncertain or extremely complex, and psychosocial factors are present or when the plan course of care may benefit from additional expertise. Consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are thoracic spine musculoligamentous sprain/strain; lumbosacral spine sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease; right shoulder sprain/strain right shoulder tendinitis, rule out impingement syndrome; right lateral epicondylitis; right wrist sprain/strain, triangular fibrocartilage tear, per MRI dated 1/31/13; carpal tunnel syndrome per NCV 2/6//13; left knee strain, rule out meniscal tear, left knee patella subluxation; status post left knee surgeries with residuals, left knee total replacement, per previous surgical history; right knee partial replacement in 2010; left knee pain, exacerbation; and complaints of acid reflux and indigestion. Subjectively, the injured worker complains of pain in the mid/upper back, right shoulder and left knee. The pain in the left knee has a VAS score 9/10. Objectively, the left knee has great to tenderness palpation. Anterior drawer and McMurray's test are positive. The ACOEM states the occupational health practitioner may refer to other specialists with a diagnosis is uncertain or extremely complex, and psychosocial factors are present or when the plan course of care may benefit from additional expertise. There are no clinical reports in the medical record indicating an uncertain diagnosis, limited range of motion or radiographic evidence of loosening support in prior knee replacements. There are no clinical findings in the record that the general orthopedist could not manage this injured worker's pain problems with respect to the knee. Additionally, the documentation does not specify which knee is the problem knee. Consequently, absent clinical documentation supporting the need for an orthopedic specialist consultation, an orthopedic specialist consultation is not medically necessary.