

<b>Case Number:</b>	CM15-0003284		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 female patient, who sustained an industrial injury on 11/25/2013. A primary treating visit dated 12/09/2014 reported subjective complaints of right knee pain that is increased during the night. The pain is rated an 8-9 in intensity out of 10. She is currently prescribed Mobic and Omeprazole. Objective findings showed tenderness with palpation over the medial facet, Mild tenderness with palpation over the lateral facet and positive for McMurray's testing. She is diagnosed with right knee medial meniscus tear. The plan of care stated pending surgical scheduling. She is temporarily totally disabled with follow up in 2 weeks. She sustained the injury when she was picking up 40-45 pound bottle. The past medical history include DM. The medication list include Mobic and omeprazole. She had received steroid injection for this injury. The patient has had X-ray of the bilateral knee that revealed joint space narrowing and MRI revealed medial meniscus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and Treatment by An Internal Medicine Doctor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, IME and consultations.

**Decision rationale:** Chapter 7, IME and consultations; Per the cited guidelines, 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 primary treating physician visit dated 12/09/2014 reported subjective complaints of right knee pain that is increased during the night. The pain is rated an 8-9 in intensity out of 10. She is currently prescribed Mobic and Omeprazole. Objective findings showed tenderness with palpation over the medial facet. Mild tenderness with palpation over the lateral facet and positive for McMurray's testing. A detailed examination including vital signs, and an examination of the cardiovascular system was not specified in the records provided. Any recent blood reports related to diabetes including glucose levels and HBA1C was not specified in the records provided. A detailed history related to diabetes was not specified in the records provided. The current medication for diabetes was not specified in the records provided. The rationale for Evaluation and Treatment by An Internal Medicine Doctor was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the Evaluation and Treatment by An Internal Medicine Doctor was not specified in the records provided. The medical necessity of the request for Evaluation and Treatment by An Internal Medicine Doctor is not fully established for this patient.