

Case Number:	CM15-0105473		
Date Assigned:	06/09/2015	Date of Injury:	02/02/2015
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 28 year old male, who sustained an industrial injury on 2/2/15. He reported a right knee problem after twisting while going up and down step stool. The injured worker was diagnosed as having right knee sprain and tendinitis of right patellar tendon. Treatment to date has included physical therapy and activity restrictions. X-ray of right knee performed on 3/31/15 noted no evidence of acute fracture or dislocation. (MRI) magnetic resonance imaging of right knee was unremarkable. Currently, the injured worker complains of worsening right knee pain and feeling of knee instability, unchanged since previous visit. He is not able to work on modified duty due to employer not able to accommodate him. Physical exam noted right non-tender to palpation and full range of motion. The treatment plan included a neurology consult. A request for authorization was submitted for neurology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, referral to neurology is not indicated. The injured worker complains of knee pain and is diagnosed with right knee sprain and right patella tendinitis. The objective exam revealed no tenderness of the knee, no edema, full range of motion and all special tests were negative. X-ray and MRI of right knee were unremarkable. There is no rationale included with the documentation for the referral to neurology. The request for Neurology Consultation and treatment is not medically necessary.