

Case Number:	CM15-0107583		
Date Assigned:	06/12/2015	Date of Injury:	05/16/2008
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, 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 53-year-old female, who sustained an industrial injury on 5/16/08. The injured worker has complaints of back pain; neck pain and pain in her left anterior ribs. The documentation noted tenderness at about the T8-9-10 ribs on the left hand side. The diagnoses have included acute low back pain and neck pain or cervicgia. Treatment to date has included magnetic resonance imaging (MRI) of the left knee on 12/10/14 showed there is non-displaced irregular partial curvilinear tear at the peripheral-inferior margin of the body and posterior horn of the medial meniscus; there is a small lobulated focus of fluid between the medial left knee joint space and the distal sartorius and gracilis tendons suggesting mild changes of medial left knee bursitis, small anterior left knee joint effusion, mild foci of chondromalacia patella and magnetic resonance imaging (MRI) of the cervical spine on 1/20/15 showed there is moderate to severe disc degeneration at C5-6 with a 3-4 millimeter left greater than right posterior disc protrusion and a 4.5 millimeter far left posterolateral disc osteophyte component and mild to moderate C5-6 spinal canal stenosis. The request was for consultation with orthopedics with treating physician for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedics with Treating Physician for The Left Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 6, page 163.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visits- pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return. In this case, the claimant did not have hip instability, abnormal imaging or surgical need for the hip. There was no mention of a complex or indeterminate diagnosis of the hip. The request for an orthopedic consultation for the hip is not medically necessary.