MAXIMUS Federal Services

Case Number:	CM15-0139850		
Date Assigned:	08/13/2015	Date of Injury:	12/15/2011
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 12-15-11. The diagnoses have included lumbar strain with disc herniation, left knee inflammatory process with degenerative changes, and right knee pain secondary to compensating for the left knee. Treatment to date has included medications, diagnostics, activity modifications, off of work and other modalities. Currently, as per the physician progress note dated 3-24-15, the injured worker complains of dull to sharp pain in the lumbar spine that radiates to the left leg and ankle with weakness and "stomach upset." There is also bilateral sharp pain in the knees more on the left side with weakness. Diagnostic testing has included left knee Magnetic Resonance Imaging (MRI). The diagnostic report was not included in the records. The objective findings-physical exam reveals that there is tenderness on palpation to the left knee and the range of motion is decreased. The work status is temporarily totally disabled. The physician requested treatments included Internal Medicine Consultation and X-Rays for the Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7-Independent Medical Examinations and Consultations, page 127.

Decision rationale: The patient is reported to have "stomach upset" now with request for Internal Medicine consultation. Submitted reports have not demonstrated any specific symptom complaints, clinical findings, complicated conditions or diagnoses indicative of an internal medicine consultation that is hindering treatment or recovery for this chronic work injury. There are no identifying clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. The Internal Medicine Consultation is not medically necessary and appropriate.

X-Rays for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries, limited ADLs, or progressive change to support for the x-rays when a recent MRI was performed without instability or acute change. The X-Rays for the Left Knee is not medically necessary and appropriate.