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| Case Number: | CM15-0141056 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 02/13/2015 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 07/07/2015 |
| 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, 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 39-year-old female who sustained an industrial injury on February 13, 2015 resulting in left knee and low back pain. She was diagnosed with lumbar radiculopathy, left strain of the semi-membranous tendon at insertion, and sprain of the medial patella retinaculum. Documented treatment has included analgesics and rest providing minimal pain and mobility relief. The injured worker continues to report knee pain and swelling and locking, as well as impaired range of motion. The treating physician's plan of care includes a consultation with a general orthopedist for the left knee. She currently has work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with General Orthopedist for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, one consultation with general orthopedist for the left knee is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a 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. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and left knee strain of the semi-membranous tendon at its insertion and sprain of the medial patellar retinaculum. The injury is February 13, 2015. Request for authorization is June 2, 2015. According to a June 2, 2015 progress note, the injured worker's subjective complaints include low back pain and left knee pain with pain score 6/10. The treating provider is awaiting authorization for physical therapy. The injured worker has not received physical therapy to date. Medications include over-the-counter Advil and Tylenol. An EMG and nerve conduction study were performed that were negative. An MRI of the left knee on February 25, 2015 showed a first degree strain with no meniscal tear. Objectively, there was tenderness to palpation over the medial and lateral joint lines. There are no gross motor abnormalities. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no clinical indication or rationale for a consultation with an orthopedic surgeon. There are no red flags and no indication surgery is anticipated. Consequently, absent clinical documentation indicating a consultation would aid in the diagnosis, prognosis and therapeutic management of a patient, one consultation with general orthopedist for the left knee is not medically necessary.