

Case Number:	CM15-0144938		
Date Assigned:	08/06/2015	Date of Injury:	03/27/2014
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina

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 46 year old female, who sustained an industrial injury on 3-27-2014. She reported pain in her left knee, neck, upper and lower back and bilateral shoulders. Diagnoses have included cervical sprain-strain, thoracic sprain-strain, lumbar radiculitis, lumbar sprain-strain, left knee sprain-strain, left knee internal derangement and left knee lateral meniscus tear. Treatment to date has included chiropractic treatment, physiotherapy, left knee brace and medication. According to the orthopedic surgical consultation dated 6-23-2015, the injured worker complained of frequent pain in her left knee traveling to her left posterior thigh. She rated her pain as eight out of ten. She also complained of waking during the night due to pain. Exam of the left knee revealed swelling and effusion. There was diffuse tenderness of the knee joint on the left. The treatment plan was for arthroscopic surgery of the left knee. Authorization was requested for internal medicine clearance and transportation for procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative evaluation.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states pre-operative clearance is indicated for risk stratification and post-operative management. The type and testing needed for per-operative clearance is based on the patients co-morbidities and the type of surgery to be performed. The patient has been approved for knee surgery and therefore pre-operative evaluation is medically necessary.

One transportation for procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) transportation.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states transportation services are only deemed necessary when the patient is unable to self-drive and has no access to public transportation. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.