

Case Number:	CM15-0145138		
Date Assigned:	08/06/2015	Date of Injury:	11/07/2013
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44 year-old male who sustained an industrial injury on 11-07-13. He reported right knee pain status post fall. Initial diagnoses are not available. Current diagnoses include pain in joint involving the right lower leg, internal derangement of the right knee, right knee patellar chondromalacia, right knee degenerative changes, and right trochanteric bursitis. Diagnostic testing and treatment to date has included MRI, knee bracing, and pain medication management. Currently, the injured worker reports he is taking his usual medications; the gabapentin causes drowsiness during the day and his new knee brace is helpful but a little uncomfortable. Current plan of care includes cutting back on gabapentin and Norco, a trial of topical medication, and orthopedic consultation. Requested treatments include consultation with an orthopedist (right knee). The injured worker is reported as not currently working. Date of Utilization Review: 07-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedist (right knee): Upheld

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

Workers' Compensation (ODG-TWC), Knee and Leg Procedure Summary- online version, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits: "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 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." ACOEM states regarding assessments: "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested consultation. The medical documentation provided indicates this patient has previously been evaluated by an orthopedist and surgery was not recommended. The treating physician has not provided documentation of worsening objective findings to warrant an additional orthopedic referral. As such, the request for Consultation with an orthopedist (right knee) is not medically necessary at this time.