

Case Number:	CM15-0162682		
Date Assigned:	08/31/2015	Date of Injury:	03/31/2006
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 63 year old male who sustained an industrial injury on 03-31-2006. The injured worker was diagnosed with chronic pain syndrome and internal derangement of the left knee. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent magnetic resonance imaging (MRI) of the left knee on June 25, 2015, surgical consultation, physical therapy and medications. According to the primary treating physician's progress report on June 12, 2015, the injured worker continues to experience episodes of sharp left knee pain associated with a sense of giving way. Examination demonstrated mild tenderness along the medial joint line and medial collateral ligament. There was no obvious joint deformity or effusion present. Current medications were listed as Oxycodone IR 30mg, Lunesta and Nexium. Treatment plan consists of orthopedic consultation times 3 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 consultation visits with orthopedist for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines support specialty referrals if the medical issue is beyond the expertise of the treating physician. However, the Guidelines do not specify a particular pattern of follow-up or the medical necessity of follow-up. In general, a consultation is considered a 1-time evaluation with follow up appoints on an as needed basis. Another specialist has evaluated the issue in question and that specialist opinionated that surgery was not recommended. Another opinion is being sought, but it is unknown if any follow-up visits will be recommended or medically necessary. Under these circumstances, the request for 3 consultation visits with orthopedist for the left knee is not consistent with Guidelines and is not medically necessary.