

Case Number:	CM15-0163522		
Date Assigned:	08/31/2015	Date of Injury:	07/08/1999
Decision Date:	09/30/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California

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 54-year-old female who sustained an industrial-work injury on 7-8-99. She reported an initial complaint of lumbar and knee pain. The injured worker was diagnosed as having lumbar sprain, trochanteric bursitis, and lumbago. Treatment to date includes medication and diagnostics. MRI results were reported to demonstrated possible osteochondral loose bodies. Currently, the injured worker complained of knee pain with recent fall resulting in moderate to severe pain. Per the orthopedic treating physician's evaluation on 7-9-15, exam noted no change to left knee, flexion to approximately 90 degrees, extension at 10 degrees, less swelling. No catching or locking. Current plan of care included orthopedic evaluation with arthroscopic evaluation of the knee. The requested treatments include consultation with an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines/pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had prior knee injury with findings of loose bodies. However, there was no range limiting symptoms. Flexion and Extension were improving. The request for arthroscopic surgery and consultation with a knee surgeon is not necessary at this time.