

Case Number:	CM15-0164042		
Date Assigned:	09/09/2015	Date of Injury:	06/12/2014
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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: Emergency 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 59 year old female who sustained an injury on 6-12-14. She injured her right shoulder and both knees. Diagnoses include right paraspinal neck pain and muscle guarding; bilateral knee pain after direct anterior trauma, left worse than right; right trapezius myofascial pain and muscle guarding. Treatment included pain medications, physical therapy, chiropractic treatments, massage; transcutaneous electrical nerve stimulation, and hot and cold modalities. A qualified medical evaluation on 4-9-15 reports that with physical therapy and chiropractic treatments her neck pain became a stabbing quality pain that was intermittent in duration and rated 6 out of 10. She took Advil to alleviate the neck pain. Her knee pain was rated 5 out of 10 in the left and 7 out of 10 in the right. The pain was aggravated by after walking for a short period of time and bending her knees and alleviated by pain medication and rest. Her neck pain reported as dull and constant rated as 3-4 out of 10 and exacerbated b use and activity and alleviated by pain medications and massages. Activities of daily living reports physical activity includes standing, sitting, reclining, walking and climbing stairs. PR2 7-22-15 reports she has increased pain with activity; shoulder pain is rated 9 out of 10 and left knee is 6 out of 10. The report is handwritten and not legible for the objective findings; physical examination right shoulder was tender to palpation; decreased range of motion with pain. Left knee was tender to palpation; knee flexion 110 and extension 0. She was temporarily totally disabled for 4-6 weeks. The treatment plan included orthopedic consult for left knee, MRI right shoulder; home exercise program, acupuncture to continue and medications were not legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

One orthopedic consultation for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Provider's documentation is very poor. Most are hand written, very brief and not legible. It is unclear why this patient was referred to orthopedics. Provider has failed to document any imaging done or to provide reports of imaging. Provider's documentation of knee exam is incomplete. Most information was gained from an orthopedic QME done in 5/15. In that report, the provider also notes missing reports of x-rays and prior MRIs. Orthopedists did not note anything that may require surgery. Due to missing information and poor documentation, request for consultation to orthopedics is not medically necessary.