

Case Number:	CM15-0180358		
Date Assigned:	09/22/2015	Date of Injury:	10/12/2006
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 52 year old female who sustained an industrial injury on 10-12-2006. Medical records indicated the worker is treated for cervical spine strain, lumbar spine strain, right shoulder strain, right hip surgery, left hip strain, and has had right knee surgery. Medical records (03-17-2015 through-03-25-2015) reflect that worker requires durable medical equipment including a right knee brace and assistance for mobility. The worker complains of new pain in hips and right knee. She complains of hips "giving out" and "right knee over extending". Complains of sacroiliac joint giving out causing her to lose footing and fall creating more strain on the bilateral feet. On exam (03-25-2015), the worker is noted to have intact sensation to light touch on the right lateral ankle and right mid-lateral calf. The right mid-anterior thigh has diminished sensation. She complains of having right hip pain that radiates to the right groin and she has a right groin mass that makes it difficult to walk. She reports that one physician has told her she needs right knee surgery. On exam, she has bilateral lower extremity numbness, decreased range of motion, and foot drop. She relates that activities of daily living are difficult to perform. The worker ambulates with a scooter and has decreased range of motion at the right hip. Medications include Colace, Cimetidine, Neurontin, Percocet, Naproxen, Oxycontin, Soma, and Valium. A request for authorization was submitted for orthopedic consultation for the right knee. A utilization review decision 09-02-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is noted subjective right knee pain but the available documentation does not provide an objective physical examination of the right knee and there are no imaging studies available for review. There is no rationale included in the documentation for a referral to orthopedics; therefore, the request for orthopedic consultation for the right knee is determined to not be medically necessary.