

Case Number:	CM15-0199955		
Date Assigned:	10/15/2015	Date of Injury:	11/18/2009
Decision Date:	11/25/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on 11-18-09. The injured worker was diagnosed as having left knee internal derangement, status post left knee arthroscopy and moderate osteoarthritis of the left knee. Subjective findings (9-3-15) indicated the injured worker has started to develop pain in her right knee. Objective findings (9-3-15) revealed tenderness at the anteroinferior peripatellar aspect of the right knee and moderate crepitus and popping upon active range of motion. Treatment to date has included a TENS unit, aquatic therapy, Zorvolex and Norco. The Utilization Review dated 10-7-15, non-certified the request for an orthopedic consultation regarding the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation regarding to right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American Independent Medical Examinations and Consultations, 2nd Edition, Chapter 7 (pp 127).

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

Decision rationale: Orthopedic consultation regarding to right knee is not medically necessary. Per Ca MTUS ACOEM guidelines "referral may be appropriate if the practitioner is uncomfortable with the enrollee's presentation, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan." The same guidelines states, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A follow-up may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The enrollee's symptoms remained unchanged; therefore the requested service is not medically necessary.