

Case Number:	CM15-0201450		
Date Assigned:	10/15/2015	Date of Injury:	11/23/2012
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey, New York
 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 62 year old female with an industrial injury dated 11-23-2012. A review of the medical records indicates that the injured worker is undergoing treatment for left hand and wrist pain status post-surgery and right leg pain, likely lumbar radiculopathy, and knee pain. According to the progress note dated 08-06-2015, the injured worker reported improvement to the low back and right leg pain. The injured worker reported that she continues to have pain, but it is largely manageable, without any significant flares of pain recently. The injured worker reported that the acupuncture made a marked difference in her pain and range of motion in her hand. There were no subjective complaints pertaining to knees. Objective findings (08-06-2015, 09-03-2015) revealed musculoskeletal complaints with no documentation concerning knees. In a progress report dated 9-03-2015, there were no subjective complaints or objective findings pertaining to the knee. There were no radiographic imaging reports of the knee provided. Treatment has included prescribed medications, acupuncture therapy and periodic follow up visits. The treating physician requested services for ortho consultation of knees and reported that the injured worker has had physical therapy for the knees but she continues to have significant pain and limitation. The utilization review dated 09-10-2015, non-certified the request for ortho consultation of knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consultation of knees: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The request for an orthopedic surgeon is medically necessary. According to MTUS guidelines, referral may be indicated if there is "activity limitation for more than one month, failure of exercise programs to increase range of motion and strength of the musculature around the knee," or those that may need drainage of acute effusions or hematomas. "Referral for repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk." As per the chart, the patient has had physical therapy without improvement. Having failed an exercise program, the request is considered medically necessary.