

Case Number:	CM15-0205975		
Date Assigned:	10/22/2015	Date of Injury:	09/11/2015
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York

Certification(s)/Specialty: Internal 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:

This is a 54 year old female who sustained an industrial injury on 9-11-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right knee derangement. According to the progress report dated 9-11-2015, the injured worker complained of right knee pain, along with weakness and edema. She reported restricted motion with locking or clicking of the knee. The progress report did not include any dental complaints. The physical exam (9-11-2015) of the right knee revealed tenderness on the right medial and lateral joint line. McMurray test was positive for meniscal tears. Treatment has included medications. Current medications (9-11-2015) included Acetaminophen, Cyclobenzaprine and Etodolac. The physician noted that the injured worker had a history of torn meniscus. The treatment plan included referral to a dentist for suspect tooth fracture. The request for authorization was dated 9-11-2015. The original Utilization Review (UR) (9-24-2015) denied requests for an orthopedist evaluation and a dentist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation: Upheld

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

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

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, the patient's right knee issues have resolved and her physical exam of the knee is normal. There is no specific indication for an orthopedic evaluation at this time. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Dentist evaluation: 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, Chapter 7, Page 127.

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

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, the patient hit her face at the time of her fall but there are no reported abnormalities on physical exam related to the face or mouth. There is no specific indication for a dental evaluation at this time. Medical necessity for the requested dental consultation has not been established. The requested service is not medically necessary.