

Case Number:	CM15-0043149		
Date Assigned:	03/13/2015	Date of Injury:	11/04/2014
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, California, Florida
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 42-year-old female who reported an injury on 11/04/2014. The mechanism of injury was not specifically stated. The current diagnoses include right knee pain/derangement and low back pain. The injured worker presented on 02/19/2015 for a follow-up evaluation with complaints of 5/10 low back pain. The injured worker reported a mild improvement in symptoms with prior physical therapy. It was also noted that the injured worker was utilizing ibuprofen and hydrocodone/APAP. Upon examination, there was a positive straight leg raise on the right at 45 degrees, forward bending to 85 degrees with pain, lateral bending at 25 degrees, and positive Apley's test of the right knee with medial joint line tenderness. Recommendations included a referral to an orthopedic surgeon and continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/19/2015 for an orthopedic consultation and an extension of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedic specialist for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there was no documentation of a recent failure of conservative management prior to the request for a specialty referral. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Physical therapy for the lumbar spine, QTY: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that he injured worker has been previously treated with a course of physical therapy. There is no documentation of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically necessary.