

<b>Case Number:</b>	CM15-0043197		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

The injured worker is a 61 year old female, who sustained an industrial injury on November 3, 2010. The injured worker reported knee pain. The injured worker was diagnosed as having joint pain in knee, muscle weakness and abnormality of gait. Treatment and diagnostic studies to date have included right knee surgery and physiotherapy. A progress note dated December 16, 2014 the injured worker complains of right knee pain and popping. Physical exam notes right knee tenderness with swelling and stiffness. There is crepitus with extension and flexion. She ambulates with a cane. The injured worker reports adverse reaction to Norco. The plan is to stop Norco and use Tramadol and finish chiro physiotherapy rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GI (Gastrointestinal tract) consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** The Guidelines recommend specialty care consultations if they are required to aid in the evaluation and management of the patient's medical condition. In this case, there is no documentation indicating the claimant has any evidence of gastrointestinal pathology or a history of gastrointestinal disease. There are no physical exam findings related to an ongoing gastrointestinal issue. Given the lack of documentation, medical necessity for the requested Gastroenterology consultation is not established. The requested consultation is not medically necessary.