

Case Number:	CM15-0044105		
Date Assigned:	03/16/2015	Date of Injury:	08/22/1999
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 male, who sustained an industrial injury on August 22, 1999. He reported low back, bilateral knee and arm pain. The injured worker was diagnosed as having internal derangement of the knee and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, pain medications and work restrictions. Currently, the injured worker complains of low back, bilateral knees and bilateral upper extremity pain. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. He reported requiring pain medications to maintain the ability to perform activities of daily living. It was noted he had been dropped by a previous physician for obtaining prescriptions from the physician and the dentist during the same time frame and exhibiting aberrant drug behaviors. Evaluation on February 9, 2015, revealed continued pain. Medications were renewed. An orthopedic consultation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 334-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 330.

Decision rationale: The medical records do not indicate that this patient has had adequate conservative measures for chronic extremity pain. There is no documentation of trial and failure of conservative measures to include PT. MTUS criteria for orthopaedic knee consult not met.