

Case Number:	CM15-0045607		
Date Assigned:	03/18/2015	Date of Injury:	04/28/2014
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old male who sustained an industrial injury on 04/29/2014. He was driving a bus when the seat detached during an abrupt stop and he slid forward injuring his knee and back. Treatment to date includes knee surgery, physical therapy, work restrictions and medications. He presents on 02/24/2015 with complaints of back pain. Tenderness was noted at the lumbar spine. Flexion and extension were painful. Diagnosis was lumbar strain and status post medical menisectomy of the right knee. Treatment plan included medications, physical therapy and follow up evaluation and treatment with orthopedic specialist. The issue for review is follow-up evaluation and treatment with orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations, Ch: 7 page 127.

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for ORTHOPEDIC CONSULT. The patient is status post right knee meniscal repair 09/10/14. Patient's diagnosis per Request for Authorization Form dated 02/24/15 includes contusion of knee. Patient had physical therapy and in on home exercise program. The patient is permanent and stationary, per treater report dated 01/26/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 01/26/15, treater states "the patient reports that he may be somewhat better since this injury, but the surgery has not helped him to his satisfaction. He still has pain after walking 10 or 15 minutes. He cannot do any squatting or bending and still complains of discomfort on the medial aspect of the knee." ACOEM guidelines generally allow and support specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic knee pain that remains in spite of treatments and surgery, an orthopedic consultation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.