

<b>Case Number:</b>	CM15-0053592		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/11/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 Jersey, New York  
 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 63 year old female, who sustained an industrial injury on 10/11/1999. On provider visit dated 02/02/2015 the injured worker has reported left knee pain, low back pain and occasional mid-back and neck pain. On examination she was noted to have lumbar spine flexion approximately 3 inches from the floor, all other motions were noted to be within normal limits with low back pain. Positive bilateral Kemps test was noted with moderate low-back pain. Left knee flexion's was decreased with noted anterior knee pain; tenderness was noted at medial knee joint and around patella. The diagnoses have included lumbar intervertebral disc syndrome, lumbosacral sprain/strain, thoracic sprain/strain and knee sprain/strain. Treatment to date has included chiropractic therapy, and medication. The provider requested an orthopedic consultation for symptom management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Orthopedic Consultation for the cervical, thoracic spine and left knee, as an outpatient:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM-[www.acoempracguides.org/Cervical](http://www.acoempracguides.org/Cervical) and Thoracic Spine, table 2.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. This limited chart does not include all forms of conservative treatment that the patient had and what her response was. There is no documented rationale as to why a consult was required at this time. Therefore, the request is not medically necessary.