

Case Number:	CM15-0235463		
Date Assigned:	12/10/2015	Date of Injury:	10/12/2006
Decision Date:	01/20/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/02/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 52 year old female, who sustained an industrial injury on 10-12-06. The injured worker was diagnosed as having hip and thigh injury. Treatment to date has included physical therapy and medication including Neurontin, Percocet, Naproxen, Oxycontin, Soma, and Valium. On 10-27-15 physical exam findings included point tenderness over the right hip joint with decreased range of motion in the right hip. On 10-27-15, the injured worker complained of right hip pain, groin pain, and right hip pain with radiation to the right knee. Pain was rated as 8-9 of 10. The treating physician requested authorization for an initial orthopedic consultation for right shoulder, right knee, and groin pain. On 11-5-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial orthopedic consultation right shoulder, right knee, groin pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines (second edition, 2004), 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Initial orthopedic consultation right shoulder, right knee, groin pain, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain not corroborated by physical exam findings in all the areas requested. However, it is unclear exactly why orthopedic consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and there is no discussion regarding the interventional treatments being sought to all the requested areas. Additionally, there is no discussion regarding what conservative measures and how many have been done to all the requested areas. Unfortunately, there is no provision for modification of the request to allow for the areas that have had such documentation. In light of the above issues, the currently requested Initial orthopedic consultation right shoulder, right knee, groin pain is not medically necessary.