

Case Number:	CM14-0121546		
Date Assigned:	09/16/2014	Date of Injury:	03/04/2014
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female who has submitted a claim for closed right patellar fracture associated with an industrial injury date of 03/04/2014. Medical records from 03/07/2014 to 07/17/2014 were reviewed and showed that patient complained of right knee pain. Physical examination revealed tenderness over the medial and lateral joint line, positive McMurray's test, good patellar tracking and stability, weakness of quadriceps and hamstring, and full ROM. X-ray of the right knee dated 06/13/2014 revealed a healed patellar fracture. Of note, there was no documentation of current psychiatric illness. Treatment to date has included physical therapy, HEP, and pain medications. There was no documentation of failure to progress with physical therapy. There was no documentation of functional outcome with pain medications. Utilization review dated 07/23/2014 denied the request for consultation with an orthopedic specialist for the right knee because the patient does not have any significant deficits or pain to indicate the need for an orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an Orthopedic Specialist for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, 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. In this case, the patient complained of right knee pain. There was no documentation of failure to progress with physical therapy or functional outcome with pain medications. The aforementioned circumstances to warrant referral was not present in this case. Therefore, the request for Consultation with an Orthopedic Specialist for the Right Knee is not medically necessary.