

Case Number:	CM14-0162596		
Date Assigned:	10/07/2014	Date of Injury:	03/03/2011
Decision Date:	11/07/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 26-year-old male with a reported date of injury on 03/03/2011. The mechanism of injury was a fall. The injured worker's diagnoses included right femoral shaft fracture, right 4th/5th proximal phalangeal toe fracture, and rupture of the anterior cruciate ligament. The injured worker's past treatments included pain medication, physical therapy and surgical intervention. The MRI of the right knee with contrast performed on 07/30/2014 revealed a complete rupture of the ACL. There was no relevant surgical history documented within the records. The subjective complaints on 08/27/2014 included right knee pain that is rated 9/10. The physical examination to the right knee revealed there is no pain on crepitation on patellar compression. Ligaments are stable with no pain on stressing of the MCL, LCL, ACL, PCL or patellar tendon. The range of motion of the knee is normal. Provocative testing revealed posterior drawer is negative, Lachman's is negative, McMurray's is negative and the anterior drawer test is positive. It is noted that despite conservative therapy and conservative care, the patient still continues to have severe right knee pain due to the torn ACL and since all conservative treatment has failed at the primary care physician level the treatment plan is to request a referral for an orthopedic specialist for possible surgical repair of the ACL tear. The injured worker's medications included hydrocodone 10/325. The treatment plan was to request an orthopedic surgery consultation. A request was received for outpatient referral to an orthopedist for consultation and treatment. The rationale for the request is that since the patient has failed conservative care and is still symptomatic, a referral is being requested for an orthopedic consultation. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Referral to an Orthopedist for consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Office visits

Decision rationale: The Official Disability Guidelines state that the need for an office visit with a healthcare provider is individualized and based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient has chronic right knee pain with a complete ACL tear. The ACL tear is confirmed by an MRI report dated 07/30/2014. Despite conservative treatment at the primary physician level, conservative care has failed and the patient still remained symptomatic. The request for an orthopedic surgical consultation is reasonable and supported by the evidence based guidelines. As such, the request is medically necessary.