MAXIMUS Federal Services

Case Number:	CM14-0168454		
Date Assigned:	10/16/2014	Date of Injury:	05/18/2009
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery 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 claimant is a 62-year old female who sustained an injury to her right knee while working as a registered nurse on 05/18/09. The medical records provided for review included an office note dated 06/23/14, identifying that the claimant had undergone a right total knee arthroplasty on 03/28/14 and subsequently developed deep vein thrombosis. The progress report documented that although the claimant used a walker because of an antalgic gait, she presented to the office using a cane and still had pain complaints but was overall improved. Physical examination of the knee showed full extension to between 105 and 110 degrees of flexion with good stability. The knee was cool to touch. It was documented that the claimant was unstable with regards to her gait as a result of deconditioning and weakness in her leg that was exacerbated by the postoperative complication of deep vein thrombosis and decreased her ability to participate in physical therapy. They recommended aggressive physical therapy, continued use of a walker and at the very least a cane. The office note dated January, 2014 documented that the claimant had previously undergone right knee arthroscopy in 2010 and developed reflex sympathetic dystrophy. The medical records documented that the claimant continued taking medication in treatment of reflex sympathetic dystrophy. This review is for a request for a referral to a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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); Chapter 7, page 127.

Decision rationale: The California ACOEM Guidelines note that the services of consultants are typically requested to aid in the diagnosis, prognoses, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant usually acts in an advisory capacity that could sometimes take full responsibility for investigation and/or treatment of examining patient. The medical records do not document any subjective complaints or abnormal objective findings on examination to establish the reasoning for referral to a neurologist or how the neurologist would improve the claimant's condition. There is no documentation to determine how evaluation by a neurologist would assist the claimant in her postoperative recovery from total knee replacement. Therefore, in absence of subjective complaints or abnormal physical exam objective findings establishing how or why a neurologist's examination or recommendations may improve the claimant's overall short and/or long-term prognosis, the request for the neurologist referral cannot be considered medically necessary. Currently the claimant does not meet criteria set forth by California MTUS ACOEM Guidelines for consultations by sub-specialists in the field of neurology.