

Case Number:	CM14-0088592		
Date Assigned:	07/23/2014	Date of Injury:	02/14/2011
Decision Date:	12/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 & Rehabilitation, 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:

This is a 59-year-old female with a 2/14/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 4/29/14 noted subjective complaints of right knee pain. Objective findings included right knee medial and lateral joint line tenderness with no instability noted. Diagnostic Impression: lumbar degenerative disc disease. Treatment to Date: Medication Management. A UR decision dated 6/4/14 denied the request for consultation with [REDACTED] for Right Knee. The documentation provided failed to provide a clear rationale for the necessity of this consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] for Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations

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 6, page(s) 127 and 156, Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

Decision rationale: CA MTUS states that consultations are recommended, and a 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. However, in the documents provided for review, objective exam findings only noted joint line tenderness without any noted instability. Additionally, there are no imaging reports such as knee radiographs available for review. The current documentation does not establish the need for specialty consultation. Therefore, the request for consultation with [REDACTED] for right knee is not medically necessary.