

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0009726 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 09/27/2013 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: Florida
 Certification(s)/Specialty: Family Practice

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 49- year old female, who sustained an industrial injury on September 27, 2013. She has reported getting up from her desk and her right foot catching on the edge of the cubicle, she turned and this resulted in the right leg twisting forcefully injuring her right knee. An x-ray at the time of injury revealed a fractured right femur. The diagnoses have included fracture of right femur, sclerosis, anxiety, osteoporosis and adjustment disorder with mixed features of depression and anxiety. Treatment to date has included surgical intervention to set right femur fracture, pain medications, physical therapy, a home exercise program, a psychiatric consultation, femoral nerve block, right brachial plexus block and routine monitoring. Currently, the IW complains of continuous pain in her right knee and leg and pain in her hip area when ambulating for prolonged periods. Range of motion was reduced due to pain and stiffness. Pain was reported to increase with prolonged driving, sitting, walking and standing. The worker was also complaining of anxiety, depression, insomnia, nervousness and frustration resulting from the work-related trauma and stress. On January 6, 2015, the Utilization Review decision non-certified a request for orthopedic consultation for the left leg and bilateral knees and computed tomography of the right and left knee, noting that there was minimal supporting documentation to support an orthopedic consultation and modified the request to approve one visit with an orthopedic physician. The computed tomography scans were non-covered due to lack of documentation as well. The MTUS Chronic Pain Treatment Guidelines and the ACOEM Occupational Medicine Practice Guidelines were cited. On January 8, 2015, the injured worker

submitted an application for IMR for review of computed tomography scan of the right and left knee and an orthopedic consultation for the left leg and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for left leg and knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guideline Page(s): page(s) 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." This patient has previously had extensive evaluation by an Orthopedic physician. The documentation provided does not support any evidence of a red flag condition being present. The documentation provided also gives limited reasoning as to why a repeat Orthopedic consultation is necessary. Likewise, this request is not considered medically necessary based off the documentation that has been provided.

CT Scan of left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations. Page(s): Pages 207-209..

Decision rationale: California MTUS guidelines do state, "For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings." Regarding this patient's case, aside from continuing pain there was little documentation provided regarding the reasoning behind this request for a Knee CT. No red flag conditions were identified in the documentation. Likewise, this request for a Knee CT is not considered medically necessary.

CT Scan of Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations. Page(s): 207-209.

Decision rationale: California MTUS guidelines do state, "For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings." Regarding this patient's case, aside from continuing pain there was little documentation provided regarding the reasoning behind this request for a Knee CT. No red flag conditions were identified in the documentation. Likewise, this request for a Knee CT is not considered medically necessary.