

Case Number:	CM15-0114050		
Date Assigned:	06/22/2015	Date of Injury:	04/11/2013
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on April 11, 2013. The mechanism of injury was a slip and fall. The injured worker has been treated for right knee complaints. The diagnoses have included chronic posterior cruciate ligament rupture, chronic posterolateral corner insufficiency of the right knee, right knee mild varus alignment and a history of diabetes. Treatment to date has included medications, radiological studies, MRI, brace, physical therapy, knee brace and right knee surgery. Current documentation dated April 21, 2015 notes that the injured worker was post-operative right knee surgery and was receiving physical therapy. The injured worker noted he was making slow progress with physical therapy. The injured worker was also noted to be using a knee brace. Examination revealed atrophy in the right quadriceps. Range of motion revealed a full extension and flexion to 135 degrees. The injured worker was stable with varus and valgus testing. The treating physician's plan of care included a request for a referral to a diabetes specialist. There is no documentation of communications with primary care physicians nor is there any rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Diabetes Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Part 1 Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23, 24.

Decision rationale: MTUS Guidelines recommend minimal standards for a medical evaluation to justify a diagnosis, testing or further treatment/evaluation. These standards have not been met in relation to this request. There is no documented rationale regarding follow up testing for the diabetes and there is no documentation of communications with the primary care physician who is likely managing the Diabetes. Without adequate rationale for the requested referral to a diabetes specialist, the request is not supported by Guidelines and is not medically necessary.