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| Case Number: | CM15-0119597 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 09/04/2012 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50-year-old female, who sustained an industrial injury on 9/04/2012. Diagnoses include right femur fracture, discogenic L4-S1 and traumatic osteoarthritis right knee. Treatment to date has included diagnostics and medications including Norco and Naproxen. Per the Primary Treating Physician's Progress Report dated 1/23/2015, the injured worker reported right ankle, knee and thigh pain. Physical examination of the right ankle revealed normal range of motion. Right knee evaluation revealed forward flexion of 70 degrees with pain at the lateral and medial ridge and facets of the patellar with a positive patellar grind test. There were a positive McMurray, Aoney and Compression patellar tests. Examination of the lumbar/sacral spine revealed forward flexion of 70 degrees and extension of 10 degrees with more pain than forward flexion. She walks with a limp and uses a cane. Work status is temporarily very disabled. The plan of care included medications, follow-up care and consultations. Authorization was requested for one orthopedic evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

Decision rationale: According to MTUS guidelines, referral to a specialist is recommended in case of symptoms persisting beyond 8 weeks. The patient developed right knee symptoms beyond 4 weeks and an orthopedic evaluation is medically necessary. However, treatment depends on the outcome of the consultation and cannot be approved in advance. Therefore, the request is not medically necessary.