

<b>Case Number:</b>	CM15-0145304		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/26/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 35-year-old female who sustained an industrial-work injury on 4-26-15. She reported an initial complaint of right knee and lumbar pain. The injured worker was diagnosed as having right knee pain, right knee sprain-strain, lumbosacral sprain-strain, myalgia, insomnia, and stress. Treatment to date includes medication and initial chiropractic consultation and examination. Currently, the injured worker complained of pain to thoracic, lumbar spine, and right knee. Per the first report of occupational injury or illness on 6-5-15, there were no subjective complaints listed. Objective findings report positive orthopedic findings. The requested treatments include Medi consult (thoracic/lumbar, right knee).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medi consult (thoracic/lumbar, right knee):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**Decision rationale:** The patient presents on 06/05/15 with unspecified complaints. The patient's date of injury is 04/26/15. Patient has no documented surgical history. The request is for MEDICAL CONSULT (THORACIC/LUMBAR, RIGHT KNEE). The RFA for this request is not dated. Physical examination dated 06/05/15 states: "positive orthopedic findings." The patient's current medication regimen is not provided. Per 06/05/15 progress report, patient is unable to perform usual work through 07/12/15. ACOEM Guidelines, chapter 7, page 127 states that the occupational 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for a consultation for this patient's unspecified complaints, the treater has not provided a reason for the request. This patient's presentation and medical history are unclear, as only one progress note dated 06/05/15 was included - with unspecified subjective complaints and unclear physical examination results of "positive orthopedic findings." The only clear insight into this patient's condition is the diagnoses section, which lists right knee pain, and sprain/strain of the lumbar spine, thoracic spine, and right knee. While ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, without a clearer picture of this patient's condition or a reason for the requested consultation services, the request cannot be substantiated. The request IS NOT medically necessary.