

Case Number:	CM15-0175810		
Date Assigned:	09/17/2015	Date of Injury:	10/31/2012
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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 male, who sustained an industrial injury on October 31, 2012. Medical records indicate that the injured worker is undergoing treatment for right knee pain, lumbar spine pain and right knee medial and lateral meniscus tears. The injured worker was temporarily totally disabled. Most current documentation dated April 22, 2015 notes that the injured worker reported pain (unspecified site) with activity, rated 8 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed a decreased range of motion. Examination of the right knee revealed medial joint line tenderness and a restricted range of motion. Treatment and evaluation to date has included an MRI of the right knee (5-28-2014) and MRI of the lumbar spine (5-30-2014). The MRI of the right knee revealed a posterior horn medial and lateral meniscus tear. A current medication record was not provided in the medical records. The treating physician's request for authorization dated July 16, 2015 requested an orthopedic consultation for the right knee. The Utilization Review documentation dated August 19, 2015 non-certified the request for an orthopedic consultation for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedics for The Right Knee: Overturned

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

Decision rationale: The patient presents with right knee pain and pain in the lumbar spine. The request is for Consultation With Orthopedics For The Right Knee. Physical examination to the right knee on 04/22/15 revealed tenderness to palpation over the medial joint line. Examination to the lumbar spine revealed a decrease in range of motion. Per 07/26/15 Request For Authorization form, patient's diagnosis include Rt. lateral meniscus tear and Rt. medial meniscus tear. Patient's medications, per 11/12/14 Request For Authorization form include Gabapentin and Cyclizaprine. Per 04/22/15 progress report, patient is temporarily totally disabled for 45 days. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state 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 this case, only one progress report was provided. The treater has not specifically addressed this request. The patient suffers with pain in the low back and the right knee. The ACOEM Guidelines support the referral of patients 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. This request appears to be reasonable and in accordance with the guidelines. Therefore, it is medically necessary.