MAXIMUS Federal Services

Case Number:	CM15-0023292		
Date Assigned:	02/12/2015	Date of Injury:	09/21/2010
Decision Date:	04/14/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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: Pennsylvania, Ohio, 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 65-year-old male, who sustained an industrial injury on 9/21/2010. The current diagnosis is advanced arthritis of the right knee for which he was advised total knee arthroplasty. The injured work had prior arthroscopy with debridement (date unknown). There were no subjective complaints noted within the progress report provided. Treatment to date has included surgery. The treating physician is requesting orthopedic consultation and evaluation, which is now under review. On 1/8/2015, Utilization Review had non-certified a request for orthopedic consultation and evaluation. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation and Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), 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 Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: An initial physician review discusses an orthopedic visit of 12/15/14 in which an orthopedist referred the patient for an additional orthopedic consultation. That note of 12/15/14 is not present with the current IMR request. Without this note it is not possible to understand the rationale for this current orthopedic consultation request and not possible to apply a guideline. Therefore, this request is not medically necessary.