MAXIMUS Federal Services

Case Number:	CM15-0064592		
Date Assigned:	04/10/2015	Date of Injury:	03/26/2014
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 fall injury to his right knee and elbow on March 26, 2014. The injured worker was diagnosed with right knee medial collateral ligament tear, right knee internal derangement, right knee effusion, contusion left elbow with sprain/strain and compensatory lumbar pain. Treatment to date has included diagnostic testing, physical therapy, chiropractic therapy, knee brace, crutches and medications.According to the primary treating physician's progress report on January 21, 2015, the injured worker continues to experience low back pain with stiffness and cramping, right knee pain with stiffness and left elbow pain. Examination of the lumbar spine demonstrated decreased and painful range of motion with tenderness to palpation to the paravertebral muscles and bilateral sacroiliac (SI) joints. Kemp's causes pain bilaterally. The left posterior elbow is tender to palpation with decreased range of motion. Examination of the right knee notes tenderness to palpation of the anterior knee with McMurray's sign causing pain. Decreased painful range of motion was noted. Current medications are listed as Ultracet, Flexeril, Vitamin D3 and Omeprazole. Treatment plan consists of home exercise program, lumbar spine and left elbow magnetic resonance imaging (MRI), left elbow sleeve and right knee support brace and the current request for orthopedic follow-up for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up: Ortho Surgeon for pain medication: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Pain outcomes and endpoints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's assertion that the records do not contain specific reference to a change in treatment or return to work issues. It is noted that arthroscopic surgery for the right knee was requested, as such, the request for follow up with orthopedic surgeon is medically necessary.