

Case Number:	CM15-0070738		
Date Assigned:	04/20/2015	Date of Injury:	11/22/2007
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 11/22/07. The injured worker has complaints of stiffness in low back especially in the mornings. The diagnoses have included knee strain and ankle strain. The documentation noted that the injured worker had a magnetic resonance imaging (MRI) of the right knee on 12/10/07. Several documents within the submitted medical records were difficult to decipher. This request is for an initial orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial ortho consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines, page(s) 2-3 Page(s): occupational practice medicine guidelines, page(s) 2-3.

Decision rationale: MTUS guidelines state regarding specialty consultations, referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. Regarding this patient's case, an orthopedic consult has been requested for subjective complaints of back pain. Documentation is sparse. No history is provided regarding this patient's back pain. The physical exam documentation is incredibly limited and is hand written. The limited exam consisted of tenderness to palpation of the lumbar spine and a negative straight leg raise. Without further documentation this request cannot be considered medically necessary.