

Case Number:	CM15-0071628		
Date Assigned:	04/21/2015	Date of Injury:	05/19/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery

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 39-year-old female, who sustained an industrial injury on 5/19/2013. She reported cumulative injury to the legs and knees and low back. The injured worker was diagnosed as having myofascial pain syndrome, chronic pain, and knee strain. Treatment to date has included electrodiagnostic studies, magnetic resonance imaging, medications, acupuncture, physical therapy, and bracing. The request is for a referral to orthopedic surgeon for bilateral knees. The records indicated she did not have lasting improvement with physical therapy or acupuncture. She reported aquatic therapy to be beneficial. On 4/1/2015, she reported improvement of upper back pain and headaches after botox injection and that trigger point injections are helping. She complained of bilateral knee pain rated 5-6/10. The treatment plan included: trigger point injections to the trapezius areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon for the bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the records cited from 4/1/15 do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore, the determination is for not medically necessary.