

Case Number:	CM15-0072667		
Date Assigned:	04/22/2015	Date of Injury:	03/01/2002
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 59 year old female who sustained an industrial injury on 3/1/02. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having right knee medial and /or lateral meniscal tearing. Treatments to date have included oral pain medication. Currently, the injured worker complains of right knee discomfort. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical medicine one time over next 30 days for any flare up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

Decision rationale: Guidelines recommend physical therapy with documented objective evidence of functional benefit. In this case, there is no explicit documentation of functional

improvement from previous therapy sessions. The request for physical medicine is not medically appropriate and necessary.

Outpatient referral to [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Guidelines recommend specialist consultation for specifically identified individuals for therapeutic interventions. In this case, the patient is referred for left hand CMC joint, but there is no documentation of left CMC joint deficits. The request for a referral to [REDACTED] [REDACTED] for left hand CMC joint is not medically necessary and appropriate.