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| Case Number: | CM15-0090675 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 07/12/2013 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: North Carolina

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 56-year-old male, with a reported date of injury of 07/12/2013. The diagnoses include left knee pain. Treatments to date have included physical therapy, and MRI of the left knee on 07/24/2013 which showed a torn anterior cruciate ligament (ACL), oral medication, and a cane. The medical report dated 12/11/2014 indicates that the injured worker had left knee pain and instability without change. The injured worker stated that physical therapy made his knee sore. The physical examination showed mild swelling of the left knee, and diffuse joint line tenderness. The injured worker remained disabled due to the pain and instability. He rated his pain 6 out of 10. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing knee pain despite conservative therapy. The referral for an orthopedic specialist would thus be medically necessary and approved.