MAXIMUS Federal Services

Case Number:	CM15-0098233		
Date Assigned:	05/29/2015	Date of Injury:	08/18/2002
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/21/2015

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: Physical Medicine & Rehabilitation, 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 37 year old male who sustained an industrial injury on 08/18/2002. Current diagnoses include lumbar radiculopathy, left knee strain, obesity, and gastrointestinal side effects due to medications. Previous treatments included medication management, and back surgery. Report dated 02/23/2015 noted that the injured worker presented with complaints that included lumbar spine pain and left knee pain. Pain level was 8-9 out of 10 (lumbar pain) and 6-7 out of 10 (left knee) on a visual analog scale (VAS). It was noted that the injured worker had fell three weeks prior due to legs giving out. Physical examination was positive for decreased range of motion in the lumbar spine, positive straight leg raise on the left, lower extremity edema, moderate tenderness in the right knee over the popliteal area, tenderness in the left knee over the kneecap, and decreased left knee range of motion. The treatment plan included requests for authorizations for neurosurgery consultation, orthopedic consultation, Menthoderm topical cream, Norco, transportation, and a cane for ambulation, discontinue Axid, continue with ice, and follow up in 6 weeks. Disputed treatments include an orthopedic consultation for the left knee as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic consultation for the left knee as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this worker, there is the development of knee pain that is felt to be due to the industrial low back problem. The patient reported the knee gave out and on exam in February 2015, there is documentation of tenderness in both knees. Given that the situation would likely benefit from orthopedic evaluation to supply additional expertise, this request is medically necessary.