

Case Number:	CM13-0014403		
Date Assigned:	06/06/2014	Date of Injury:	02/08/2012
Decision Date:	07/11/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female who sustained an injury on 2/8/2012. The mechanism of injury was noted as a fall down a narrow stairway, sustaining a twisting injury to her left shoulder and bilateral knees. The injured worker underwent a left knee arthroscopic surgery on 4/16/2013. At the most recent office visits dated 4/2/2013 and 4/9/2013, the injured worker reported left knee pain with decreased range of motion, as well as left shoulder pain and left sided neck pain. Physical examination demonstrated tenderness and decreased range of motion in the cervical spine and lumbosacral spine. No focal neurological deficits documented. No diagnostic imaging studies available. Diagnoses: Left medial meniscal tear, chronic pain syndrome, fibromyalgia, depression, left shoulder sprain/strain, lumbar and cervical spondylosis. Previous treatment: Postoperative physical therapy for the left knee. Progress notes state left shoulder surgery is pending. No operative reports are available. Functional restoration program evaluation, dated 2/8/2012, was available; however, no clinical documentation of physical therapy, mental health services, or treatment outcome or follow up is documented. A request has been made for referral to a chronic pain program, which was not medically necessary, during a utilization review dated 7/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHRONIC PAIN PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-31.

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) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), guidelines state "The occupational health practitioner may refer to other specialists 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." Review of the available medical records fails to provide clinical information, diagnostic studies, evidence of physical rehabilitation/therapy and level function to support a reason to transfer care to a Physical Medicine & Rehabilitation specialist. As such, this request is not medically necessary.