MAXIMUS Federal Services

Case Number:	CM13-0014413		
Date Assigned:	09/27/2013	Date of Injury:	09/27/2007
Decision Date:	01/23/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 patient is a 45-year-old right-hand-dominant male who sustained industrial injuries on September 27, 2007, while working as a Meter Reader for [redacted] The patient states on September 27, 2007, during the course of his employment, he was walking back from reading a meter and it had just rained. He states the owner of the home put sand in the planter and as he walked on a steep walkway he slipped and fell. He landed with his knees bent back, twisting his right ankle. He experienced immediate pain to his neck, left shoulder, right wrist/hand, upper back, legs, knees, and right ankle. He reported the injury to his supervisor but medical care was not offered. He returned to work the next day at which time he reported the injury to his immediate supervisor. He was put on light duty. However, the prolonged standing and walking aggravated his pain. He was subsequently referred for medical care. The patient received treatment in the form of office visits, pain medication and anti-inflammatory agents. Also, x-rays and MRI studies to his knees were performed. In November 2007, he underwent right knee arthroscopy. Post-surgery he had a few weeks of physical therapy to his right knee. In 2008 or 2009, he underwent surgery with hardware to his right knee and upper leg. Post-surgery he had a few months of physical therapy to his right knee and leg. Later in 2009, he underwent outpatient removal of the hardware to his right leg and knee. Post-surgery he received physical therapy for his right knee for several months. In February 2010 or 2011, he underwent left knee replacement. Post-surgery he had a few weeks of physical therapy to his left knee. In 2010 or 2011, he had surgery for removal of the spurs in the right knee. Post-surgery he had a few weeks of physical therapy to his right knee. He worked off and on in between surgeries. He last worked in December 2011. In February 2011, he underwent left knee replacement followed by several weeks of therapy. He

IMR ISSUES, DECISIONS AND RATIONALES

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

General surgery consult for hernia evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: According to ACOEM guidelines, a relatively detailed history of the patient's complaints and environmental or occupational exposure is recommended when evaluating patients with abdominal hernia. The primary treating physician's examination report dated July 20, 2010, revealed no obvious evidence of umbilical hernia. No inguinal or femoral hernia was felt on standing, coughing or straining, and ultrasound for inguinal /femoral hernias was ordered. The treating physician further stated that the left groin pain--whether from hernia or muscle strain-- is work related because it is likely from abnormal posture and lifting body mechanics from the knee injury and surgery. In the absence of evidence of this patient having confirmation of having any hernia by clinical examination, a general surgery referral for hernia evaluation is not medically necessary or appropriate.

Internal medicine consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and Acetaminophen Section Page(s): 12-13.

Decision rationale: A report from the primary treating physician dated July 22, 2010, revealed that the patient's blood pressure was 140/97, which is moderately high. The report also showed a weight increase from 195 to 260 pounds. The patient is on nonsteroidal anti-inflammatory drugs (NSAIDs) and Vicodin (Acetaminophen and Hydrocodone) for pain, which can further worsen his hypertension. According to the Chronic Pain Medical Treatment Guidelines regarding hypertension and cardiovascular risk: Cohort analysis reveals that acetaminophen use is associated with hypertension, but evidence from randomized controlled trials is limited. This risk is similar to that found for NSAIDs. (Forman, 2007) (Montgomery, 2008) An increased cardiovascular risk was found in the Nurse's Health Study. (Chan, 2006) (Laine, 2007) (Laine, 2008). Therefore, the requested internal medicine consult is medically necessary for this patient.

Psychological Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. These evaluations are recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective when incorporated into pain treatment. This therapy has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Therefore, a psychological evaluation is medical necessary and appropriate.