

Case Number:	CM13-0016472		
Date Assigned:	11/06/2013	Date of Injury:	01/21/2005
Decision Date:	05/23/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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:

██████████ is a 44 year old woman who sustained a work related injury on January 21 2005. Subsequently, she developed right shoulder and left knee pain. According to a note dated on August 1 2013, the patient reported back pain, bilateral knee pain and right shoulder pain. Physical examination was significant of swelling of the right ankle. The patient was walking with a cane. The provider requested authorization for the procedures mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAM WALKER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-2. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: According to MTUS guidelines, CAM walker (immobilization) and weight bearing are recommended in case of acute injury/sprain of the ankle. Prolonged immobilization without exercise is not recommended due to the risk of debilitation. There is no clear evidence of acute ankle injury in this case. Therefore, the request of CAM walker is not medically necessary.

MRI WITHOUT CONTRAST OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to MTUS guidelines, shoulder MRI is not recommended if there is no surgery indication. There is no clear documentation that surgery is indicated or planned in this case. There the request for shoulder MRI is not medically necessary.

MRI WITHOUT CONTRAST FOR LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to MTUS guidelines, MRI of the knee is indicated if there is clinical evidence of ACL tear to determine its extent preoperatively. There is no clear evidence that the patient is suffering from ACL damage. Therefore knee MRI is not medically necessary.

PSYCHIATRIC CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral, page(s) 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). Although the patient records indicated that he was suffering from depression, he was followed by ██████████ for depression. It seems that there is no need for psychiatric evaluation at this time. In addition, the requesting physician should provide a documentation

supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to psychiatric specialist. Therefore, the request for psychiatry evaluation is not medically necessary.