

Case Number:	CM13-0021785		
Date Assigned:	11/13/2013	Date of Injury:	07/13/2009
Decision Date:	02/05/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 07/13/2009 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injuries to the right knee, neck, bilateral legs, and low back. The patient underwent surgical intervention for a torn meniscus in the right knee in 04/2008. An MRI of the right knee revealed internal degeneration and the possibility of a re-tear. The patient also underwent an MRI of the lumbar spine that revealed disc bulging at the L3-4 and L4-5 with degenerative changes with ligamentum flavum hypertrophy causing bilateral neural foraminal stenosis as well as spinal stenosis. Prior treatment history included physical therapy, chiropractic care, occupational therapy visits, and medications. The patient's most recent clinical evaluation included low back and knee complaints rated at a 6/10. Physical findings included limited range of motion described as 40 degrees in flexion, and 5 degrees in extension of the lumbar spine limited due to pain, abduction and adduction testing of the knee reproducing pain bilaterally. The patient's diagnoses included displacement of intervertebral disc without myelopathy, spondylosis with myelopathy in the thoracic region, unspecified internal derangement of the knee, sprain of the knee, and tear of the lateral cartilage or meniscus. The patient's treatment plan included chiropractic care, orthopedic surgical consultation, orthopedic consultation to address medications, and a pain management consultation to address the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Chiropractic consultation 2x4 for low back and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 60.

Decision rationale: The requested Chiropractic consultation 2x4 for low back and knee is not medically necessary or appropriate. The clinical documentation submitted for review does not provide evidence that the patient has received prior chiropractic care. The efficacy of that treatment is not established in the documentation. The California Medical Treatment and Utilization Schedule recommends the continued use of chiropractic treatment be based on significant functional gains. Additionally, the California Medical Treatment and Utilization Schedule does not recommend chiropractic manipulation for the knee. As such, the requested Chiropractic consultation 2x4 for low back and knee is not medically necessary or appropriate.

Decision for Orthopedic consult for meniscus tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested Orthopedic consult for meniscus tear is not medically necessary or appropriate. The clinical documentation submitted for review does not provide evidence that the patient has failed to respond to all lesser treatments of conservative therapy. The American College of Occupational and Environmental Medicine recommends orthopedic consultation when a patient has failed to progress through a functional restoration program and has significant physical findings supported by an imaging study suggestive of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review does not provide physical evidence to support a meniscal tear. Although the patient does have painful range of motion, there is no evidence of medial joint line tenderness or a positive McMurray's test. Additionally, any recent conservative care provided in an attempt to avoid surgical intervention is not clearly identified. As such, the requested Orthopedic consult for meniscus tear is not medically necessary or appropriate.

Decision for Orthopedic evaluation for medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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) chapter 6,

Decision rationale: The requested Orthopedic evaluation for medication is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends the consultation of a specialist when additional expertise is needed to contribute to the patient's treatment planning. The clinical documentation submitted for review does not provide any evidence that the patient has a complicated diagnosis or that the patient is taking multiple medications that require close monitoring. Therefore, it is unclear how an orthopedic evaluation for medications would contribute to the patient's treatment plan. As such, the requested Orthopedic evaluation for medication is not medically necessary or appropriate.

Decision for Pain management consultation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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) chapter 6, page 163.

Decision rationale: The requested Pain management consultation for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultations when additional expertise is needed due to a complicated diagnosis and treatment plan. The clinical documentation submitted for review does not provide any evidence that the patient has a complicated diagnosis that requires additional expertise to contribute to the patient's treatment plan. The clinical documentation does not provide any evidence that the patient's pain significantly impairs his activities and functional capabilities. Therefore, the need for pain management is not clearly indicated. As such, the requested Pain management consultation for the lumbar spine is not medically necessary or appropriate.