

Case Number:	CM13-0034728		
Date Assigned:	12/11/2013	Date of Injury:	02/22/2013
Decision Date:	04/01/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/15/2013

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 Ophthalmology; Physical Medicine and Rehabilitation, 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:

This is a 69-year-old female who sustained injury on 02/22/2013 while performing work duties of a licensed vocational nurse. She fell and sustained injury to her right eye, tooth, neck, back, shoulders, and knees. A handwritten clinical note dated 08/26/2013 indicates she presented with complaints of constant pain in neck, mid back, lower back, shoulders, and knees. She also complained of difficulties light and noise chores, frequent dizziness, feels like the room is spinning. On exam, she was alert and oriented x3, mild distress, flat affect, negative Romberg, mini central nervous exam and cranial nerves II through XII intact, PERRLA (pupils equal, round, react to light, accommodation) and EOMI (Extraocular movements are intact). Eelectrocardiogram (EKG) showed normal sinus rhythm. She was diagnosed with cervical/thoracic/lumbar sprain/strain and spondylosis, bilateral shoulder Osteoarthritis (OA)/hypertrophic changes, bilateral knee degenerative changes, right eye injury, status post trauma, history of GERD, dizziness, and hypertension. She was referred to ophthalmologist, Internal medicine (IM), and neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmological consultation for visual problems: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 434-437.

Decision rationale: This 69-year-old female was complaining of blurred vision and difficulties with exposure to light and noise. The objective findings documented was PERRLA (pupils equal, round, react to light, accommodation) and EOMI (Extraocular movements are intact). The exam indicated a red eye, which may have been a sign of traumatic iritis. The facial injury was significant with laceration of the upper lip. High impact trauma to the eye can cause the formation of a traumatic cataract or glaucoma if there is trauma to the aqueous outflow canals (angle recession glaucoma). The primary physician followed the ACOEM guidelines, by not calling an emergency ophthalmology consult, but the guidelines also clearly state that if the patient's symptoms do not resolve after 72 hours of observation, an ophthalmology consultation should be requested. Traumatic cataracts have a characteristic appearance on a dilated examination and can take weeks or months to develop and it is not unreasonable for the patient to have started experiencing the blurring of vision after time had passed. Thus, the request is certified.

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Lumbar supports.

Decision rationale: As per the CA MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per Official Disability Guidelines (ODG), it is not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. It is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (LBP) (very low-quality evidence, but may be a conservative option). In this case, this patient has chronic lower back pain with paresthesia in lower extremities; however, there is no documentation of lumbar spondylolisthesis or instability. This patient has not had lumbar surgery and lumbar support is not recommended for chronic use. Thus, the request is non-certified

MRI bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: As per the CA MTUS guidelines, MRI (magnetic resonance imaging) of knee is recommended for to identify knee pathology such as meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. As per Official Disability Guidelines (ODG), "soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. In this case, this patient has physical exam findings of tenderness to palpation over medial and lateral joint line, suprapatella and popliteal bilaterally; positive McMurray and Apprehension tests; crepitus; and 1+ swelling. The provider has request MRI of both knees to rule out internal derangement. This patient has been treated with conservatively with physical therapy, acupuncture, and medications. Thus, the medical necessity of MRI of bilateral knees has been established and the request is certified.

Bilateral knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The CA MTUS guidelines do not specifically discuss the issue in dispute and hence Official Disability Guidelines (ODG) have been consulted. As per ODG, THE criteria for the use of knee braces may be appropriate in patients with one of the following conditions: 1). Knee instability, 2). Ligament insufficiency/deficiency, 3). Reconstructed ligament, 4). Articular defect repair, 5). Avascular necrosis, 6). Meniscal cartilage repair, 7). Painful failed total knee arthroplasty, 8). Painful high tibial osteotomy, 9). Painful unicompartmental osteoarthritis, 10). Tibial plateau fracture. In this case, none of these conditions are supported by records review and hence the request for bilateral knee braces is non-certified.

Functional capacity evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: As per the CA MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. In this case, this patient is employed as licensed vocational nurse and her work duties as described in report dated 06/18/2013 includes home visitations, patient care, transferring and repositioning patients, administering injections, and driving. Physically, she is required to standing, walking, sitting, bending, lifting, carrying, squatting, climbing, kneeling, and twisting. There is documentation that this patient did complain of several functional limitations that prevents her to perform her work duties. Thus, the medical necessity for functional capacity evaluation has been established and the request is certified.

