

Case Number:	CM13-0041794		
Date Assigned:	12/20/2013	Date of Injury:	01/10/2013
Decision Date:	04/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Medicine, and is licensed to practice in North Carolina. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 31 year old with a date of injury of 1/10/13. The patient injured her neck, back, right knee, and right ankle while lifting a heavy box and turning to the right. Her diagnoses include cervical sprain, lumbar sprain, lumbar neuritis, knee sprain, thoracic sprain, sacral sprain, knee bursitis, and internal derangement of the knee. Treatment modalities have included physical therapy, chiropractic care, spinal manipulation, myofascial release, mechanical traction, and medication. The primary treating physician requested a pharmacological consultation on 9/9/13 for the purposes of medication for pain and inflammation. Objective findings on that exam showed positive bilateral shoulder depression test, bilateral maximal foraminal compression test, cervical distraction test, bilateral yeoman's sign, bilateral Kemp's sign, R1 Patrick Fabere, right Nachalas, varus stress test of the right knee, valgus stress test of the right knee, valsalva-Hoovers, and skin pinch test. Limitation in range of motion in the cervical and lumbar spine and right knee was noted. The patient also had an altered gait due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PHARMACOLOGICAL CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 328-359.

Decision rationale: The California MTUS does not specifically reference pharmacologic consultation in reference to knee complaints or in the section concerning chronic pain. Under the master algorithm for knee complaints, it does note the need for specialized advice for knee pain that extends for greater than 4-6 weeks. However, algorithms 13-3 and 13-4 make it clear that this specialized advice refers to orthopedic consultation for possible surgical evaluation and intervention. While medication may be warranted for the treatment of chronic knee pain to improve the patient's pain and function, the primary treating physician did not make any notations to warrant a pharmacologic consultation. There was no mention of prior medication failure, inadequacy, or serious adverse events by the primary treating physician. As such, the request is noncertified.