

Case Number:	CM13-0045181		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2004
Decision Date:	04/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/18/04. A utilization review determination dated 10/2/13 recommends non-certification of a single point cane and referral to pain management and internal medicine. It notes that the patient already has a cane. 9/9/13 medical report identifies right knee pain, posterior calf and intermittent heel pain, low back pain, and left knee pain with locking and giving way upon ambulation. On exam, there is knee tenderness, limited flexion, positive McMurray test on the left, moderate effusion at right quadriceps, and atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SINGLE POINT CANE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: Regarding the request for a single point cane, California MTUS does not address the issue. ODG does support the use of walking aids for some patients with knee pain. Within the documentation available for review, there is knee pain with locking and giving way

upon ambulation. However, it appears that the patient already has a cane and there is no rationale provided identifying why the cane needs to be replaced. In light of the above issues, the currently requested single point cane is not medically necessary.

REFERRAL TO A PAIN MANAGEMENT SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS.

Decision rationale: Regarding the request for referral to a pain management specialist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain, but is undergoing active treatment and also had a pending surgical procedure. There is no clear rationale presented for the referral and the patient's response to surgery may obviate the need for any advanced pain management. In light of the above issues, the currently requested referral to a pain management specialist is not medically necessary.

REFERRAL TO AN INTERNIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS.

Decision rationale: Regarding the request for referral to an internist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no clear rationale presented for the referral and no symptoms/findings suggestive of the need for a referral to internal medicine are documented. In light of the above issues, the currently requested referral to an internist is not medically necessary.