

Case Number:	CM13-0058230		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2011
Decision Date:	06/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 55 year old female who was injured on 04/05/11 when a student pushed her causing her to fall and injure her neck, right shoulder, right arm, and left knee. She had extensive conservative treatment for approximately 31 months including medications; however, no comprehensive history of the nature and extent of treatment completed to date was provided. Current medications included tramadol, gabapentin, and naproxen. Medical records indicated her primary complaint was pain and swelling in the neck, right shoulder, and right arm described as a throbbing pain which the injured worker considered to be moderate. It seemed to vary with activity. On 05/17/13 progress note the injured worker stated she was currently working performing her full work duties. She underwent injection to the right shoulder on 05/08/13 and reported some decrease in pain since but no change in range of motion. The injured worker was next seen on 06/14/13 at which time she stated she was not working because her employer could not accommodate her work restrictions. Progress report dated 11/04/13 noted recent increase in anterior left leg pain radiating to the lateral thigh with prolonged walking. She reported occasional numbness sensation of the left leg, but no back pain. Orthopedic consult was recommended to address etiology of left leg symptoms. Per orthopedic evaluation reports the injured worker essentially vetoed and rejected every treatment modality outlined for her and therefore it was very difficult to get started with any protocol that would help her. X-rays of the left tibia and fibula on 10/09/13 reported soft tissue swelling mainly posterior in the subcutaneous region; no bony involvement. Request for orthopedic consultation to address etiology was non-certified on 11/20/13 noting there was no documentation of failure to respond to course of conservative treatment to left leg including physical therapy, or performance of any diagnostic studies identifying lumbar radiculopathy before consideration of surgical referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION TO ADDRESS ETIOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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 7, page(s) 503

Decision rationale: MTUS/ACOEM practice guidelines note that referrals to other specialists may be indicated if a diagnosis is uncertain or extremely complex, or when the plan of care may benefit from additional expertise. Consultation may be appropriate to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case there is no indication that there has been significant treatment directed to the left knee/leg as there is no documentation of physical therapy as evidenced by daily progress notes. There is no indication that injections or other conservative measures have been performed. Plain radiographs of the lower left leg were unremarkable except for soft tissue swelling in the posterior subcutaneous region. It is noted that the injured worker has been seen by an orthopedist who notes that the injured worker has not been cooperative with any treatment recommendations to date. There is also no indication that the injured worker has reported any left lower extremity problems to the orthopedist. Given the current clinical data, medical necessity is not established for the requested orthopedic consultation to address etiology. Therefore, the request is not medically necessary.