

Case Number:	CM13-0059538		
Date Assigned:	07/02/2014	Date of Injury:	06/08/1996
Decision Date:	07/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

October 29, 2012 PR-2 indicates severe pain in the right knee with parathesias and numbness of the right foot. Examination notes weakness of 3/5 in right quadriceps, 4/5 for tibialis anterior, and 4/5 extensor hallucis with decreased sensation in right foot. Assessment was neuropathy and recommended neurological referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

One neurology re-evaluation for evolving neurologic condition related to right knee injury:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back
Page(s): 301-310.

Decision rationale: The physical examination findings report neurologic deficits, and the injured worker reports neurologic complaints. The Chronic Pain Medical Treatment Guidelines support referral for consultation for management and evaluation of neurologic deficits. The request for one neurology re-evaluation for evolving neurologic condition related to right knee injury is medically necessary and appropriate.

