MAXIMUS Federal Services

Case Number:	CM14-0003019		
Date Assigned:	01/29/2014	Date of Injury:	08/28/2007
Decision Date:	07/28/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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 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:

The claimant is a 52 year old who sustained injuries to his left knee, bilateral shoulders and low back related to repetitive work on 08/28/07. The clinical records provided for review include the 11/11/13 progress report noting on-going complaints of bilateral shoulder, lumbar spine and left knee pain, worse with activity. The claimant noted a sense of weakness in the left knee with a burning sensation to the lower extremities from the low back and bilateral shoulder complaints with overhead activity, aggravated by movement. The physical examination showed restricted shoulder range of motion, restricted lumbar range of motion, 4/5 quadracep strength on the left, equal and symmetrical deep tendon reflexes and no sensory deficit. The report of an RI of the lumbar spine from 2012 showed at L 4- and L 5 - S 1 disc space narrowing with no compressive pathology. The claimant was diagnosed with patellofemoral pain in the left knee, status post arthroscopy, status post bilateral shoulder arthroscopy for rotator cuff repair, lumbar spine stiffness and radiculopathy. Recommendations at that time were for repeat MRI scan of the lumbar spine, bilateral lower extremity electrodiagnostic studies, a urine toxicology screen and requests for transportation to and from all related appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY (PROSPECTIVE TESTING): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Drug testing,Urine Drug Screen Page(s): 43.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for urine toxicology screen would not be indicated. The medical records document a November 2013 urine toxicology screen that was negative for opioid use or other monitored agents. There is no documentation that this individual is currently utilizing a medication regimen. With recent negative testing and no documentation of current medication use, the request in this case would not be supported.

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: 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), Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: California ACOEM Guidelines do not support the need for an MRI of the lumbar spine. The report of the previous MRI of the lumbar spine shows disc dessicatin and pathology at the L 4- 5 and L 5 - S 1 level. While the claimant is noted to have continued low back complaints, there is no documentation of acute clinical findings on examination that would support the need for repeat lumbar imaging. In absence of recent documented conservative measures, the request for this imaging study would not be supported.

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: 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), Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California ACOEM Guidelines do not support the request for electrodianogosic studies of the lower extremiies. There is no documentation of clinical findings indicative of radiculopathy of the lower extremities. While this individual has chronic complaints of low back pain, the electrodiagnostic studies of the lower extremities would not be beneficial to his evaluation.

TRANSPORTATION TO AND FROM ALL APPOINTMENTS: 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 and Leg Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Transportation (to & from appointments).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the request for transportation services to and from all appointments. While this individual is known to have chronic pain complaints, there is no documentation that he is unable to perform independent ambulation. There is also no documentation that the claimant does not have family support for transportation. The request in this case would not be supported as medically necessary.