

Case Number:	CM14-0106200		
Date Assigned:	09/16/2014	Date of Injury:	05/14/2013
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation 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 patient is a 56-year-old male who has submitted a claim for a right knee medial meniscus tear, status post medial meniscectomy and chondroplasty on 3/31/2014, bilateral shoulder impingement, left knee partial ACL tear, lumbar spine degeneration with neural foramina narrowing, facet arthropathy of lumbar spine, bilateral AC arthrosis, and bilateral lateral epicondylitis associated with an industrial injury date of 5/14/2013. Medical records from 2014 were reviewed. The patient complained of low back pain, rated 4 to 5/10 in severity, and neck pain, rated 2/10 in severity. Aggravating factors included movement and activities of daily living. Low back pain radiated to the left lower extremity. Physical examination of the lumbar spine showed tenderness, and painful and limited range of motion. Motor strength of right tibialis anterior, and extensor hallucis longus was graded 4+/5, while 5-/5 on the left. Both quadriceps and hamstrings motor strength were graded 4+/5. Patellar and Achilles reflexes were hypoactive bilaterally. Straight leg raise, Slump test, and Lasegue tests were positive on the left. Gait was antalgic. MRI of the lumbar spine, dated 8/21/13, demonstrated multi-level facet arthropathy and bilateral neural foramina narrowing. The current treatment plan includes continuation of chiropractic care and refill of medications. The patient was last seen on 09/17/2014. The treatment to date has included medial meniscectomy and chondroplasty on 3/31/2014, lumbar epidural steroid injection, physical therapy, acupuncture, chiropractic care, bracing, and medications. A Utilization review from 6/26/2014 denied the request for medical appointments with physician assistant (unspecified) every 2-3 weeks and evaluation with physician assistant (unspecified) every 2-3 weeks because of lack of rationale identifying why medical appointment with evaluation was necessary every two to 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical appointments with physician assistant (unspecified) every 2-3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complained of low back pain, rated 4 to 5/10 in severity, and neck pain, rated 2/10 in severity. Physical examination of the lumbar spine showed tenderness, and painful and limited range of motion. Motor strength of right tibialis anterior, and extensor hallucis longus was graded 4+/5, while 5-/5 on the left. Both quadriceps and hamstrings motor strength were graded 4+/5. Patellar and Achilles reflexes were hypoactive bilaterally. Straight leg raise, Slump test, and Lasegue tests were positive on the left. Gait was antalgic. Patient was last seen on 09/17/2014. Current treatment plan includes continuation of chiropractic care and refill of medications. The medical necessity for office visit has been established to monitor patient's response to therapy. However, there is no discussion as to why the patient should follow-up every 2 to 3 weeks. There is likewise no specific end-point of office visits. Moreover, the request failed to specify the specialist as patient is being seen by both orthopedic surgeon and sports medicine specialist. Therefore, the request for Medical appointments with physician assistant (unspecified) every 2-3 weeks is not medically necessary.

Evaluation with physician assistant (unspecified) every 2-3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case,

patient complained of low back pain, rated 4 to 5/10 in severity, and neck pain, rated 2/10 in severity. Physical examination of the lumbar spine showed tenderness, and painful and limited range of motion. Motor strength of right tibialis anterior, and extensor hallucis longus was graded 4+/5, while 5-/5 on the left. Both quadriceps and hamstrings motor strength were graded 4+/5. Patellar and Achilles reflexes were hypoactive bilaterally. Straight leg raise, Slump test, and Lasegue tests were positive on the left. Gait was antalgic. Patient was last seen on 09/17/2014. Current treatment plan includes continuation of chiropractic care and refill of medications. The medical necessity for office visit has been established to monitor patient's response to therapy. However, there is no discussion as to why the patient should follow-up every 2 to 3 weeks. There is likewise no specific end-point of office visits. Moreover, the request failed to specify the specialist as patient is being seen by both orthopedic surgeon and sports medicine specialist. Therefore, the request for evaluation with physician assistant (unspecified) every 2-3 weeks is not medically necessary.