

Case Number:	CM14-0108580		
Date Assigned:	08/01/2014	Date of Injury:	11/05/2012
Decision Date:	10/22/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 11/5/2012. Per visit note dated 7/30/2014, the injured worker states he has been icing the injured area. He has had physical/occupational therapy and attended as prescribed. He is not taking his medications as prescribed due to perceived improvement and lack of need. He states he had an MRI. He has been doing range of motion exercises as well as strengthening exercises. His strength has been improving with his current physical therapy regimen. He reports his swelling has decreased. He has continued low back pain which radiates into his left thigh area on occasions. His low back symptoms have been present since his date of injury but have been overshadowed by his left knee complaints. On examination he ambulates to the exam room without assistance and does not appear to be in any pain. The lumbar spine has decreased flexion at 90 degrees, decreased extension at 30 degrees and no decrease in lateral bending to the right or left. Straight leg raising test is positive at 80 degrees in sitting position. Waddell's signs are not present. The left knee does not have effusion and the patella does not ballotte. Drawer testing is negative. There is no medial or lateral collateral ligament laxity. The knee extends to 0 degrees and flexes to 130 degrees. His neurovascular status was not intact. Thigh atrophy is present. He is wearing a hinged knee brace. Diagnoses include 1) distal finger non-closed LRF PIPJ 2) thoracic/lumbar strain/sprain 3) lumbar sprain/strain 4) sprain of unspecified site of knee and leg, left 5) cervical sprain/strain 6) low back pain consistent with facetogenic etiology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physiatry for evaluation of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker is seeing a family practice physician as his primary treating physician, and has also been evaluated by an orthopedic surgeon. It is not explained why a referral to physiatry is desired when the injured worker is already seeing a specialist. Medical necessity of this request has not been established. The request for referral to physiatry for evaluation of the lumbar spine is not medically necessary.