

<b>Case Number:</b>	CM14-0111743		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 50-year-old male who reported an injury on 12/30/2003 due to sustaining an injury while standing inside a truck trailer, the truck trailer began to move and the injured worker fell onto both his knees, injuring his knees. The injured worker complained of bilateral knee pain and lower back pain. The diagnoses included lower leg joint pain and bilateral knee osteoarthritis. The past surgery included bilateral ACL reconstruction. Medication included Pristiq, Ultram, and topical patches. The injured worker had a fall on 02/12/2014 transferring from his manual wheelchair, ending in the emergency room. The objective findings dated 06/26/2014 revealed no abnormalities to gait/station. The musculoskeletal revealed normal muscle tone without atrophy to the bilateral lower extremities, difficult to assess due to the injured worker having extremely poor effort; bilateral joint line tenderness and pain with range of motion due to the injured worker having poor effort with standing, and pain with standing. The medications also included naproxen. The treatment plan included medication and the injured worker to increase activity. The Request for Authorization dated 08/15/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Emergency department visit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.editorsweb.org/wellness/emergency-room.htm>

**Decision rationale:** The request for emergency department visit is not medically necessary. The California MTUS/ACOEM or the Official Disability Guidelines do not address emergency room visits; therefore additional information was sought at the [editorsweb.org/wellness/emergencyroom.htm](http://www.editorsweb.org/wellness/emergencyroom.htm). The following are some general guidelines to help you decide when a trip to the ER is necessary: Loss of consciousness, signs of heart attack that last two minutes or more. These include: pressure, fullness, squeezing or pain in the center of the chest; tightness, burning, or aching under the breastbone; chest pain with lightheadedness. Signs of a stroke, including: sudden weakness or numbness of the face, arm or leg on one side of the body; sudden dimness or loss of vision, particularly in one eye; loss of speech, or trouble talking or understanding speech; sudden, severe headaches with no known cause; unexplained dizziness, unsteadiness or sudden falls, especially when accompanied by any other stroke symptoms; severe shortness of breath; bleeding that does not stop after 10 minutes of direct pressure; sudden, severe pain. Poisoning (Note: If possible, call your local poison control center first and ask for immediate home treatment advice-certain poisons should be vomited as soon as possible while others should be diluted with water as soon as possible such preliminary home treatment could save your life. Severe or worsening reaction to an insect bite or sting or to a medication especially if breathing is difficult or a major injury such as a head trauma unexplained stupor, drowsiness or disorientation. Coughing up or vomiting blood; severe or persistent vomiting or suicidal or homicidal feelings. The clinical notes did not provide the emergency room visit. Per the injured worker, he lost consciousness. However, no documentation was provided for the review. As such, the request is not medically necessary.