

<b>Case Number:</b>	CM14-0112849		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on September 21, 2011 when, while working as a housekeeper she was filling a supply cart and while lifting it over a curb felt a pop in her right knee. She subsequently developed ankle and back pain. A bone scan on July 8, 2013 showed findings of mild osteoarthritis. An MRI of the lumbar spine on October 24, 2013 showed disc bulging at L5-S1. An MRI of the hips on November 20, 2013 was normal. She was evaluated for the [REDACTED] on April 22, 2014. Treatments had included multiple medications, physical therapy, a home exercise program, a knee injection, massage therapy, and the use of braces and cast. She had complaints of pain rated at 10/10. Medications were Lyrica, amitriptyline, ibuprofen, metformin, glipizide, and Pioglitazone. She was seen by the requesting provider on May 16, 2014. She was taking medications appropriately. She was continued at temporary total disability. She participated in the [REDACTED] and as of July 11, 2014 had completed four weeks of treatment. She had made excellent progress including reducing the use of medications. She had responded well to be components of the program including an increase in exercise. Recommendations included returning her care to her primary treating provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interdisciplinary reassessment for one visit (4 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

**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: Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant is nearly three years status post work-related injury with a diagnosis of chronic pain and has completed treatment in an interdisciplinary pain program. The Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guideline recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has completed her treatment and her care has been returned back to the treating provider. In the future, if clarification of her situation were necessary, a reassessment could be considered. The request for a reassessment at this time is not medically necessary or appropriate.