MAXIMUS Federal Services

Case Number:	CM14-0113048		
Date Assigned:	08/01/2014	Date of Injury:	11/20/1994
Decision Date:	09/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	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 Anesthesia, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 64 year old female who sustained an injury to her bilateral knees on 11/20/94. The mechanism of injury was not documented. It was noted that the injured worker stumbled down an escalator and struck a partition with her back, knees and shoulders on 12/24/95. The injured worker had immediate pain in all of these areas. The injured worker received treatment and still had considerable right knee pain. The injured worker had some left knee pain occasionally. Sometime in 2012, the injured worker's insurance carrier switched her to a different doctor who x-rayed her bilateral knees, shoulders, elbows, thumb, back and neck. He suggested that the injured worker needed a revision knee replacement bilaterally. He advised that the injured worker would also require surgery to the left shoulder, which would have to be delayed until after her potential knee surgery. Physical examination noted slow ambulation; minor limp to the right; can rock back on both heels; cannot walk on tip toes; is limited to about 2/3 squatting with her right hand balancing on a table; stands with shoulders level. Both knees appear to have arthroscopy scars; sensation to paperclip more on right side than on left. Right knee range of motion 0 to 105 degrees, left 0 to 115 degrees. The records indicate that the injured worker has had extensive imaging; however, there were no imaging studies provided for review considering this is a 20+ year old date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain: 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 Official Disability Guidelines (ODG) Head chapter, MRI (magnetic resonance imaging).

Decision rationale: The request for a magnetic resonance image of the brain is not medically necessary. There was no report of a new acute injury or exacerbation of previous symptoms. There were no additional significant 'red flags' identified. Given this, the request for a magnetic resonance image of the brain is not indicated as medically necessary.

Initial Consult GS Medical/[redacted] for NESP-R program for Chronic to Include Detox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 chapter.

Decision rationale: The request for an initial consult GS medical/[redacted] for Nutritional Emotional (psychological), Social (financial), Physical-Revised (NESP-R) program for chronic pain to include detox is not medically necessary. The injured worker remains on opioids; however, the current plan of care indicates a plan for a neurology consult and referral for possible revision knee replacements. Criteria for enrollment in the program include that the injured worker is not a candidate where surgery or other treatments would clearly be warranted. In this case, the current plan of care does not suggest that the injured worker is stable and is not a surgical candidate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for initial consult GS medical/[redacted] for NESP-R program for chronic to include detox is not indicated as medically necessary.

Neurosurgical Consultation: 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 Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: The request for a neurological consult is not medically necessary. The need for a clinical office visit with a health care provider is individualized based upon review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, without documentation of neurological deficits and without evidence of

disturbance of consciousness or acute changes post-trauma, the medical necessity of the neurological consult cannot be established. Given this, the request for a neurological consult is not indicated as medically necessary.