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| Case Number: | CM14-0170843 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 10/31/2013 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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, has a subspecialty in Interventional Spine Pain Management 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 52-year-old male with an injury date of 10/31/13. Based on the 02/12/14 progress report provided by [REDACTED] the patient complains of right knee pain. Physical examination to the knee revealed medial joint line tenderness and about 1/2+ swelling and diffusion. Positive McMurray's, at least 2+ Lachman's and 1+ anterior drawer. Patient awaits authorization for surgery. Patient is capable of modified work. His current medications include Diovan, Lantus insulin and Novolack, per progress report dated 12/18/13. Diagnosis 02/12/14 is torn right anterior cruciate ligament with medial meniscus. The utilization review determination being challenged is dated 09/19/14. The rationale follows: 1) Functional capacity evaluation: "the patient was not intending to enter into a work hardening program, and he did not have any significant functional deficits." 2) Sleep Studies: "patient had trouble sleeping, but he did not meet criteria for which polysomnography would be considered medically necessary." 3) Referral to an Orthopedic Specialist: "lack of documentation." 4) Referral to Psychology Specialist: "the request for a psychological specialist is unclear and does not specify a psychological consultation is being requested." [REDACTED], is the requesting provider and he provided treatment reports from 12/18/13 - 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Chapter 7, page 137; Functional Capacity Program.

Decision rationale: The patient presents with right knee pain. The request is for Functional capacity evaluation. His diagnosis dated 02/12/14 was torn right anterior cruciate ligament with medial meniscus. Patient awaits authorization for surgery. His current medications include Diovan, Lantus insulin and Novolack. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the provider does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Therefore this request is not medically necessary.

Sleep Studies: Upheld

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

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

Decision rationale: The patient presents with right knee pain. The request is for Sleep Studies. His diagnosis dated 02/12/14 was torn right anterior cruciate ligament with medial meniscus. Patient awaits authorization for surgery. His current medications include Diovan, Lantus insulin and Novolack. ODG guidelines have the following regarding sleep studies: "ODG Guidelines, Pain (Chronic) chapter, Polysomnography: Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for Polysomnography: Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded." In this case, provider does not explain why patient needs sleep studies. There is no documentation of insomnia, nor prescription of sleep medications in review of reports. Patient does not meet criteria for the request and there is insufficient documentation to make a decision based on guidelines. Therefore, this request is not medically necessary.

Referral to an Orthopedic Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)) Chapter 7, page 127 Orthopedic Specialist

Decision rationale: The patient presents with right knee pain. The request is for Referral to an Orthopedic Specialist. His diagnosis dated 02/12/14 was torn right anterior cruciate ligament with medial meniscus. Patient awaits authorization for surgery. His current medications include Diovan, Lantus insulin and Novolack. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Given the complexity of the patient's knee condition, orthopedic consult is reasonable. Therefore, this request is medically necessary.

Referral to a Psychology Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 Psychology Specialist

Decision rationale: The patient presents with right knee pain. The request is for Referral to Psychology Specialist. His diagnosis dated 02/12/14 was torn right anterior cruciate ligament with medial meniscus. His current medications include Diovan, Lantus insulin and Novolack. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." It would appear that the current provider feels uncomfortable with the medical issues and has requested for transfer to specialist. Therefore, this request is medically necessary.