

Case Number:	CM14-0176990		
Date Assigned:	10/30/2014	Date of Injury:	12/02/2010
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/25/2014

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:

There were 71 pages provided for this review. The application for independent medical review was dated October 12, 2014. It was for referral to a neurologist or spine surgeon for evaluation and treatment and also a referral to pain management for evaluation and treatment. The request was modified to certify a neurologist consult only. The patient is a 56-year-old individual who was injured on December 2, 2010. The patient was coming out of a freezer and slid down the ramp. The patient flipped over on the right knee to the back, with immediate pain in the knee, back, arm and head. Prior treatment included medicines such as Mobic, Terocin ointment, Vicodin, Diclofenac, hydrocodone, tramadol, Voltaren cream gel and therapy to the knees. There were two prior right knee surgeries, one arthroscopic on May 18, 2012 and the other a total knee replacement surgery dated November 12, 2013. The surgeries had been working well. Electrodiagnostic testing from February 10, 2012 documented bilateral tarsal tunnel syndrome and other findings. X-rays of the low back showed degenerative changes. MRI of the lumbar spine from August 12, 2014 showed straightening of the lumbar lordosis and diffuses disc desiccation as well as degenerative changes. Future medical care would include an order for weight-bearing x-rays of the knees, total joint arthroplasty the left knee if he was found to be bone on bone. The patient was diagnosed with degenerative joint disease of the knee and left L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurologist or spine surgeon for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127 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

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The pathology seemed clear, and the reason for further specialist evaluation was not evident in the records. This request for the consults fail to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

Referral to a pain management for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127 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

Decision rationale: As shared, the ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult again fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

