

Case Number:	CM14-0182336		
Date Assigned:	11/07/2014	Date of Injury:	09/15/1999
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Pain Management and Rehabilitation 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 injured worker is a 61-year-old male who sustained an injury on 9/15/99. As per the 8/15/14 report, he complained of increased neck and low back pain with ongoing bilateral knee pain. He rated his neck pain at 8/10, shoulder pain at 8-9/10, hands pain at 7.5/10, back pain at 9/10, and knee pain at 9/10. Exam revealed limping with antalgic gait, poor balance, tenderness at the occipital insertion of the paracervical musculature, mild tenderness bilaterally in the trapezii and midline base of the cervical spine, decreased cervical flexion and extension with significant discomfort, inhibition of rotation bilaterally to 20 degrees, limited scapular retraction with rhomboid pain, trapezius tenderness and pain with full shoulder motion, tenderness from the thoracolumbar spine down to the base of the pelvis, tight paralumbar musculature bilaterally, tender buttocks, mild sacroiliac joint symptomatology, abnormal patellar tracking, hamstring tenderness, severe swelling of the medial and lateral aspect of the left knee with effusion present. X-ray of the left knee dated 7/28/14 revealed his tibia had shifted approximately 5 mm laterally; he was bone-on-bone with bone spurs. He is currently on Norco with benefit and attending water therapy with benefit. He has been having increased pain and is taking more pain medication than he usually does. He is status post left knee arthroscopy. Past treatments have included post-oppool therapy and acupuncture, ESI, and acupuncture for the back and neck. The present UR request is in the context of change of the PTP and probably the request was for initial evaluation and treatment. UDS dated 8/22/14 was positive for gabapentin, bupropion(not prescribed), hydrocodone, and cyclobenzaprine (not prescribed). Diagnoses include cervical discopathy, L5-S1 degenerative disc disease and bulging, status post bilateral carpal tunnel release and right trigger finger release, left knee osteoarthritis and internal derangement, status post left knee arthroscopy, right knee pain, chronic pain syndrome and obesity. The request for unspecified

treatment (probable initial evaluation and treatment modified to evaluation only), x-rays (unspecified), and possible medications (unspecified) was denied on 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Independent medical evaluation and consultation

Decision rationale: As per CA MTUS/ACOEM guidelines, "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." Further guidelines indicate consultation is recommended 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." In this case, there is no information submitted with the request; the question is unclear. Therefore, the medical necessity of the request is not established due to lack of documentation.

X-Rays (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints.

Decision rationale: Per ACOEM guidelines, the imaging studies (i.e. X-ray) of the shoulder may be considered medically necessary when there is evidence of red flag signs, failure to progress in a rehab program, evidence of significant tissue insult or neurological dysfunction; imaging studies of the knee may be medically necessary when there is evidence of joint effusion within 24 hours of direct blow, palpable tenderness over the fibular head or patella, or inability to walk or bear weight after trauma. In this case, the medical records do not establish the above criteria are met. Therefore, the request for X-Rays is not medically necessary.

Possible medications (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested medication has not been specified. Therefore, the unspecified medication request is not medically necessary due to lack of documentation.