

Case Number:	CM14-0067749		
Date Assigned:	07/14/2014	Date of Injury:	03/11/2013
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Orthopedic Surgery 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 68 year old male who sustained an industrial injury on 3/11/2013. He claims cumulative trauma from repetitive motion caused low back and knee complaints. Treatment has included chiropractic, physical therapy, medications, topical creams, and injections to the bilateral knees. MRI of the left knee report dated 4/30/2013 revealed 1. Medial excursion with possible tear, medial meniscus body. 2. Medial tibiofemoral osteoarthritis. 3. Infrapatellar bursitis. 4. Mucoïd degeneration of the anterior cruciate ligament. 5. No other abnormalities noted. MRI of the right knee report dated 4/30/2013 revealed 1. Possible grade 1 sprain, fibular collateral ligament. 2. Medial excursion with possible tear, medial meniscus body. 3. Medial tibiofemoral osteoarthritis. 4. Mucoïd degeneration of the posterior cruciate ligament. 5. No other abnormalities noted. MRI of the lumbar spine report dated 5/22/2013 revealed 1. Degenerative central stenosis, L3-L5. 2. At L4/5: a 7.4 mm diffuse disc protrusion effaces the thecal sac and combined with facet hypertrophy narrows the neural foramina and lateral recesses resulting in impingement of the exiting and transiting nerve roots. 3. At L3/L4, a 4.8 mm diffuse disc protrusion effaces the thecal sac and combined with facet hypertrophy narrows the neural foramina and lateral recesses resulting in impingement of the exiting and transiting nerve roots. 4. L5/S1, a 5.2 mm broad-based central disc protrusion effaces the thecal sac and combined with facet hypertrophy narrows the neural foramina and lateral recesses resulting in encroachment of the exiting and transiting nerve roots. 5. Moderate discogenic spondylosis, L2-S1. 6. Facet arthrosis; severe at L3-L5; moderate at L5-S1. 7. Lumbosacral transitional segment designated as S1 for purposes of this report. 8. No other significant abnormalities. According to the 2/5/2014 secondary treating physician report by [REDACTED], orthopedic surgeon, the patient was seen for orthopedic follow-up regarding lumbar spine and bilateral knee complaints. He has decided against epidural injections. The right knee injection he was given helped immensely. The pain

was 9/10 and is now at 3-4. His left knee is 8/10. He is asking for left knee injection. He complains of frequent, slight right knee pain and moderate to low back pain that radiates to the bilateral lower extremities. Medications and creams help. Physical examination reveals antalgic gait, mild spasm with 15 degrees lumbar forward flexion, 5 degrees extension, and 10 degrees right/left tilt with pain and discomfort. There is bilateral Para lumbar tenderness, midline interspinous ligament tenderness in the lower lumbar, mild antalgic gait, painful hip and knee ROM (Range of Motion) with no loss of motion, decreased bilateral knee and ankle jerk, and normal sensation. Right and left knee has trace effusion, some tenderness in the patella at the patellar ligament, grade 4 quadriceps function bilaterally, intact hamstrings. There is pain on varus/valgus stress and cruciate stress, but no significant detectable ligamentous laxity. Neuro-circulatory status is intact. Diagnoses are bilateral knee arthrosis and lumbar spine discopathy. The left knee was injected. He is approaching Maximum Medical Improvement -MMI. He is TTD (Temporary Total Disability). Follow up in 4-6 weeks recommended. The medical records include urine toxicology screen reports dated 1/14/2014, 2/14/2014, and 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Campbells Operative Orthopaedics, Ninth ed, 1998, W.B Saunders Company.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 343; 79.

Decision rationale: The CA MTUS ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The CA MTUS ACOEM states referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee. The purpose of this request is not clear. The medical records document that the patient has undergone orthopedic evaluations and follow-ups for his low back and bilateral knee complaints. The records note that the patient is not interested in surgical intervention or epidural injections. It appears the patient is comfortable with, and responsive to continuing conservative care. There is no indication that the patient is a candidate for surgery, there is no clear indication that this patient requires ongoing care of an orthopedic nature. Therefore, the request for Orthopedic Evaluation is not medically necessary and appropriate.

Baseline Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Medical Treatment Guidelines, California codes

of Regulations. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX www.odg-twc.com; Section: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-91.

Decision rationale: According to the CA MTUS guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The medical records document the patient has undergone multiple urine toxicology screens. There is no clear indication for a "baseline" toxicology screen as the patient had been treating with oral opioid and topical analgesics. In addition, the treating physician has not documented any suspicion of abuse, aberrant or suspicious drug seeking behavior. Furthermore, the medical records do not establish current opioid regimen. Based on this, and absence of support within the evidence based guidelines, it does not appear that baseline urine drug screen is indicated. Therefore, the request for Baseline Urine Toxicology is not medically necessary and appropriate.