

Case Number:	CM14-0076836		
Date Assigned:	07/18/2014	Date of Injury:	03/03/2013
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and New York. 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 59 year old female who was injured on 03/03/13 when she tripped and fell. The injured worker presented herself to a hospital where x-rays of the left knee were taken on 03/18/13 revealing a non-displaced fracture of the patella. The injured worker was given a brace and instructed to use crutches. The injured worker was instructed to remain off work for a time and was released to full duties on 04/22/13. The injured worker participated in physical therapy and then began to develop low back pain. Lumbar spine x-rays were obtained on 10/12/13 and reportedly revealed mild degenerative changes and Grade 1 spondylolisthesis at L4-5 and L5-S1. The injured worker is diagnosed with a closed fracture of the patella, lumbar strain and Grade 1 spondylolisthesis. Records indicate the injured worker received chiropractic treatment to the lumbar spine. The injured worker complains of continued left knee pain and low back pain. Primary Treating Physician's Permanent and Stationary Report (PR-4) dated 02/05/14 notes the injured worker has a whole person impairment (WPI) rating of 4% attributed to the left knee condition with chronic pain condition warranting an additional impairment rating of 3%. As of this note, WPI attributed to the low back condition was pending evaluation of motion segment integrity. It is noted that American Medical Association (AMA) Guidelines recommend the digital rectal exam (DRE) method as the principal method for assessment of low back impairment. It is noted that for this reason the claimant has been referred to a chiropractor for flexion and extension x-rays. A request for referral the chiropractor was denied by UR dated 05/09/14 and again on 05/18/14. The latter denial cited the need for clarification as to why the studies needed to be performed specifically under the named chiropractor and why these could not be obtained at a conventional x-ray facility. There is no letter of appeal or medical necessity addressing this rationale submitted for review. This is an appeal for referral to a specific chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to see [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Independent Medical Examinations and Consultations, section on Consultation, page 503.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations, section on Consultation, page 503. The Expert Reviewer's decision rationale: The request for a referral to see [REDACTED] is not recommended as medically necessary. ACOEM guidelines regarding consultations states, "When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist." The records submitted for review do not reveal the extent of the relationship between the requestor and [REDACTED]. There is no rationale submitted which reveals why this specific provider should be used. Records do not provide a reason that the necessary imaging studies could not be performed through a traditional imaging facility. Based on the clinical information provided, medical necessity of a referral to see [REDACTED] is not established.