MAXIMUS Federal Services

Case Number:	CM14-0077942		
Date Assigned:	07/18/2014	Date of Injury:	09/09/2010
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 09/09/10 while working as a night attendant at a veterinary hospital. He slipped on a wet floor landing on his right and then left knee. The claimant was seen on 11/30/13. His history of work injury was reviewed. He was having ongoing cervical, thoracic, and lumbar spine pain, right wrist, shoulder, knee, and ankle pain, and left shoulder pain. Prior treatments had included chiropractic care, physical therapy, and psychological support. An MRI of the right knee in October 2012 showed medial and lateral meniscus tears and an effusion. EMG/NCS testing in January 2013 had shown bilateral S1 radiculopathies. MRI scans of the shoulders showed findings of bilateral impingement and a right-sided labral tear. Physical examination findings included good posture. There was slight posterior cervical muscle tenderness without spasm. He was noted to be right-hand dominant. He had decreased cervical spine rotation to the right side, thoracic muscle tenderness, decreased thoracic spine range of motion, decreased lumbar extension, multilevel spinous process and paraspinal muscle tenderness, bilateral shoulder joint tenderness with decreased range of motion and positive cross arm test. There was knee joint line tenderness with positive right-sided McMurray's, Apley compression test, and patellar grinding test. He had decreased right ankle range of motion. A whole person impairment of 2% was determined and he was found to be at permanent and stationary status as of 11/30/13.Future medical care was to include conservative and noninvasive treatments with estimated 2-4 visits per month or 12 visits per flare-up for control of residual pain. Future treatments referenced are chiropractic care, acupuncture, NSAIDs, and consultations. He was seen by the requesting provider on 01/27/14. He was having back, neck, shoulder, and right knee pain with numbness of the hands and feet, chest pain, diarrhea, and there is reference to "emotional stress." There was a normal physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Office Visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Chapter : Diabetes, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines, Chapter 7: IndependentMedical Examinations and Consultations, p127.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic pain. When seen by the requesting provider, he had complaints that included chest pain, diarrhea, and stress. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has systemic and psychological complaints. The reason for these complaints is unclear and therefore the requested follow-up office visit was medically necessary.