

Case Number:	CM14-0083401		
Date Assigned:	07/21/2014	Date of Injury:	04/09/2012
Decision Date:	09/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old individual was reportedly injured on 4/9/2012. The mechanism of injury is not listed. The most recent progress note, dated 4/28/2014 indicates that there are ongoing complaints of neck, low back, and bilateral knee pain. The physical examination demonstrated cervical spine: positive tenderness to palpation of the cervical paravertebral muscles. A muscle spasm is noted along the paravertebral muscles. The cervical compression test causes pain. Turner points were present at lumbar spine paraspinals bilaterally; the patient had hyper pronation of the feet bilaterally and decreased range of motion with pain. A Kemps test is positive bilaterally, the injured worker had decreased range of motion with pain positive tenderness to palpation of the anterior, lateral, and medial joint line. The patient also had a positive McMurray's test, slow guarded gate of the left knee, and a decreased and painful range of motion. Positive tenderness to palpation of the anterior, lateral, and medial aspect of the knee. McMurray's is positive. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for referral for medical consultation, and was not certified in the pre-authorization process on 5/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral for medication consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: The MTUS supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, there is no documentation of what medications the injured worker is currently taking. Therefore, the requested referral is not considered medically necessary.