

<b>Case Number:</b>	CM14-0105772		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Texas. 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 39-year-old male who reported an injury on 01/12/2012. While working as a construction worker, he tripped over a piece of wood, landing on both knees and complaining of pain to the knee. Diagnoses include right knee medial meniscal tear, left knee lateral meniscal tear, left shoulder sprain/strain, and cervical spine disc. The injured worker complained of persistent pain to the neck, the left shoulder, mid back, and both knees. The objective findings indicated that the injured worker ambulated with a single point cane, and that the cervical spine was improving with range of motion. The bilateral knees were tender to palpation at the joint line. Apley's was positive. The thoracic spine was positive for myospasm and the left shoulder had restricted range of motion. Medications were not provided. The treatment plan included, pain management consult, left knee arthroscopy with partial meniscectomy, and a recommended FCMC/keto cream along with a drug screen. The prior treatments included acupuncture and a drug screen. The request for authorization dated 03/14/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgeon evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**Decision rationale:** The request for a spine surgeon evaluation is not medically necessary. The California MTUS/ACOEM indicate that surgical consideration is indicated for patients who have persistent, severe, and disabling shoulder and arm symptoms. Activity limitations for 1 month or extreme progression and a clear clinical, imaging, and physiological evidence, consistently indicating that the same lesion that has been shown to benefit from surgical repair in both the short and long term, and unresolved radicular symptoms after receiving conservative treatment. The clinical information lacked evidence that the patient has failed any medication regimen. The urinalysis indicated that the patient was negative for all medications, including any narcotics or anti inflammatories. Additionally, the request did not indicate that the patient has failed any conservative treatment that would include physical therapy. Therefore, the request for spine surgeon evaluation is not medically necessary.