MAXIMUS Federal Services

Case Number:	CM14-0193716		
Date Assigned:	12/01/2014	Date of Injury:	03/04/2002
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 62-year-old male with injury date of 03/04/02. Based on the 10/17/14 progress report, the patient complains of left knee pain. Patient is status post left knee scope May 2004, per 10/17/14 report. Physical examination of left knee on 10/17/14 revealed positive crepitus. Patient received eight sessions of aqua therapy to his left knee with improved function but "still has a lot of pain," per 08/26/14 progress report. Per 08/26/14 report, treater was considering "Synvisc versus surgical options." Treater requests psychiatric consult for anxiety and difficulty sleeping due to chronic pain per 10/17/14 report. He also requests left knee x-ray to assess need of injection or surgery. Treater requests left knee diagnostic ultrasound for pain, decreased joint space, and difficulty walking per 10/17/14 progress report. Progress reports were handwritten and difficult to read.Diagnosis 10/17/14-Status post left knee scope (May 2004) -Osteoarthrosis, unspecified whether generalized or localized, lower leg-Unspecified internal derangement of knee, leftThe utilization review determination being challenged is dated 11/05/14. The rationale follows: 1) PSYCHE CONSULTATION: "...the claimant has had a psyche consult before."2) X RAY 2 VIEWS LEFT KNEE: "...no acute trauma. The doctor would have to provide a rationale in order to support the need for postoperative x-ray of this claimant's knee."3) ULTRASOUND - LEFT KNEE: "...there is not any rationale provided....In terms of diagnostic ultrasound, the medical necessity for this is not apparent because the knee has already been arthroscoped." Treatment reports were provided from 03/14/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 -- Independent Medical Examinations and Consultations, page 127

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Chapter 7 page 127

Decision rationale: Patient presents with left knee pain. The request is for PSYCHE CONSULTATION. Patient is status post left knee arthroscopy in May 2004 per 10/17/14 progress report. Diagnosis dated 10/17/14 included osteoarthrosis of the lower leg and unspecified internal derangement of left knee. Physical examination of left knee on 10/17/14 revealed positive crepitus. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."Per review of reports, patient appears to have chronic left knee pain, which aqua therapy did not help his pain. Treater requests psychiatric consult for anxiety and difficulty sleeping due to chronic pain per 10/17/14 report. It would appear that the current treater feels uncomfortable with managing the patient's depression and chronic pain and has asked for psychiatric consultation. The request is medically necessary.

X-rays, 2 views, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) (updated 10/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, Radiography (x-rays)

Decision rationale: Patient presents with left knee pain. The request is for X RAY 2 VIEWS LEFT KNEE. Patient is status post left knee arthroscopy in May 2004 per 10/17/14 progress report. Diagnosis dated 10/17/14 included osteoarthrosis of the lower leg and unspecified internal derangement of left knee. Physical examination of left knee on 10/17/14 revealed positive crepitus. OGD-TWC, Knee & Leg (Acute & Chronic) Chapter states: "Radiography (x-rays): Recommended. In a primary care setting, if a fracture is considered....Studies have suggested that the symptoms of knee osteoarthritis (OA) are rather weakly associated with radiographic findings and vice versa. "Treater has requested left knee x-ray to assess need of injection or surgery. According to ODG, plain knee x-ray should be obtained in patients suspected of fracture. Treater does not document any recent new injuries or suspicion a fracture. The request is not medically necessary.

Ultrasound for left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) (updated 10/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, Ultrasound, diagnostic

Decision rationale: Patient presents with left knee pain. The request is for ULTRASOUND - LEFT KNEE. Patient is status post left knee arthroscopy in May 2004 per 10/17/14 progress report. Physical examination of left knee on 10/17/14 revealed positive crepitus. OGD-TWC, Knee & Leg (Acute & Chronic) Chapter states: "Ultrasound, diagnostic: Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001)" Treater requests left knee diagnostic ultrasound for pain, decreased joint space, and difficulty walking per 10/17/14 progress report. Patient's diagnosis dated 10/17/14 included osteoarthrosis of the lower leg and unspecified internal derangement of left knee. Review of medical records do not show patient had diagnostic studies done to the left knee following arthroscopy in May 2004. The request is medically necessary.