

Case Number:	CM14-0195723		
Date Assigned:	12/03/2014	Date of Injury:	02/15/2012
Decision Date:	02/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 reported an injury on 02/15/2012. The mechanism of injury was that she was standing on a counter and fell, landing on her back and hit head on the tile floor. Her diagnoses included strain/sprain of the cervical spine, history of left clavicular fracture with rotator cuff tendinosis and impingement syndrome, rotator cuff tendinosis and impingement syndrome on the right, status post left knee partial medial and lateral meniscectomies, synovectomy and chondroplasty. Past treatments have included transforaminal epidural steroid injections, bracing, acupuncture, work modification, sleep study, aquatic therapy, physical therapy, cane, mouth guard, psychological group meetings, and home exercise program. Her diagnostic studies included urine drug screens; an unofficial MRI of the left knee on 04/01/2012, indicated grade signal tear of the lateral meniscus, lateral subluxation of the patella, small knee joint effusion. An unofficial MRI of the cervical spine on 04/03/2012 indicated hyperextended cervical lordotic curvature; disc dehydration noted throughout the spine; loss of disc height noted at C5-6, C3-4, C4-5; diffuse disc protrusion with effacement of the thecal sac; neural foramina are patent; C5-6 right eccentric disc protrusion with effacement of the thecal sac. An unofficial MRI of the lumbar spine on 04/03/2012, indicated disc desiccation throughout the spine; straightening of lumbar lordotic curvature; L4-5 diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing that effacing the L4-5 and L5-S1 exiting nerve roots, left more so than the right. An unofficial MRI of the left shoulder on 04/04/2012, that indicated partial bursal surface tear of supraspinatus tendon. An unofficial MRI of the left elbow on 05/02/2012, indicated small intramuscular lipoma with anconeus; no acute

lesion was identified. An unofficial MRI of the right knee on 05/02/2012, indicated nonvisualization of the anterior horn and body of lateral meniscus, possibly due to prior meniscectomy; mucoid degeneration of the posterior horn of the medial meniscus; mild tibiofemoral and patellofemoral osteoarthritis; chondromalacia of unilateral femoral condyle and lateral tibial plateau; mild Baker's cyst; moderate lateral suprapatellar joint effusion. An unofficial MRI of the right shoulder on 10/02/2012, indicated partial thickness intrasubstance tear of the proximal biceps long head tendon, mild infraspinatus tendinosis; hook shaped acromion process, which may predispose to rotator cuff impingement; small glenohumeral effusion. An unofficial MRI of the left knee on 10/02/2012, indicated horizontal/oblique tear at the anterior horn and body of the lateral meniscus; horizontal intrasubstance mucoid signal within the posterior horn of the medial meniscus; mild suprapatellar effusion. Her surgical history included aspiration of traumatic effusion of the right knee, manual manipulation under anesthesia of the left knee, arthroscopy of the left knee on 05/28/2013. The progress report of 09/29/2014, documented the injured worker had continued complaints of pain, weakness, locking and a giving way feeling in her left knee. On physical exam, the injured worker was noted to have well healed arthroscopic surgical scars over the left knee, local tenderness over the medial joint line, lateral joint line, posteromedial joint line and posterolateral joint line. Quadriceps strength was 4/5 for the left knee. Range of motion for the left knee is from full extension to 120 degrees of flexion. McMurray's test is positive in the left knee. Apley's test is positive. Her medications were not included. The treatment plan included requesting authorization for referral to a pain management specialist, recommendation of evaluation by a psychologist and internal medicine specialist and a cardiologist. The rationale for the request included specialists for management of pain medication and evaluation by internal medicine specialist before referring to another Agreed Medical Re-evaluation. The Request for Authorization form is signed and dated 09/29/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for pain management followup is not medically necessary. The California MTUS Guidelines state that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnoses and decide whether a specialist evaluation is necessary. If the patient continues to have pain that persists beyond the anticipated time of healing, without plans of curative treatment, such as surgical options, the Chronic Pain Medical Treatment Guidelines apply. The medical record did not include documentation of a current pain assessment, current

pain medications or any indication of red flags for a potentially serious condition. Therefore, the request is not medically necessary.

One follow up with internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for followup with an internal medicine specialist is not medically necessary. The California MTUS Guidelines state that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnoses and decide whether a specialist evaluation is necessary. If the patient continues to have pain that persists beyond the anticipated time of healing, without plans of curative treatment, such as surgical options, the Chronic Pain Medical Treatment Guidelines apply. As the documentation provided included no red flags for a potentially serious condition and there is no other indication of a need for internal medicine specialist referral, the request is not medically necessary.