

Case Number:	CM14-0201508		
Date Assigned:	12/11/2014	Date of Injury:	01/13/2014
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 injured worker is a 58 year-old female with an original date of injury on 1/13/2004. The mechanism of injury was not provided in the submitted document. The industrially related diagnoses are cervical sprain / strain, lumbar sprain / strain, tendinitis of bilateral shoulders, and status post carpal tunnel release. The disputed issues are the requests for pain management consult and left knee MRI with contrast. A utilization review dated 11/13/2014 has non-certified these requests. The rationale for denial of pain management consult ways there is no mention of what the purpose of the pain management consult is. There's been no indication this patient is a candidate for any invasive pain management procedures based on the subjective and objective findings. There's no indication that the patient's medication management is particularly complex, and in fact there is no mention that the medications are even given. In the absence of such documentation, the consult was non-certified. With regards to the left knee MRI with contrast, the state of rationale for denial was there is no mention of recent flareup of knee pain, no new or re-injury, no mechanical symptoms or findings on exam, any concerns of ligamentous instability, and know that slides. Therefore the left knee MRI was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regards to the request for pain management consult, the provided documentation does not clearly state why this consult is ordered. On November 4, 2014, the ordering provider has described patient having tenderness in the lower lumbar spine, cervical spine, left wrist, and bilateral shoulders. There was no mention of what medication patient was taking. There was no mention of how pain management would benefit this patient in terms of procedure, or medication management. In addition, there's no indication of this being a particularly complex case that required more specialized assistance. In the absence of such documentation, the request for pain management consult is not medically necessary.

(L) Knee MRI with Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regarding knee MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 343 table 13-1,3-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI

Decision rationale: A progress note on date of service November 4, 2014 indicated a left knee MRI was ordered. However there is no mentioning of left knee acute injury, trauma, no reflag symptoms mentioned on exam or subjective findings, no suspected internal derangement, or ligament or cartilage destruction of the left knee. A progress note dated on October 7, 2014 indicates a left knee x-ray was ordered, however, it is unclear if the x-ray was completed and the report of this x-ray is not provided in the submitted documentation. In addition, the ordering provider did not state the rationale for ordering the left knee MRI. Therefore this request is not medically necessary.