

<b>Case Number:</b>	CM14-0202928		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/12/1993
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 44 year old male garbage truck driver/sanitation engineer with a date of injury of 10/12/1993. He was dumping a truck and when he rased the tailgait, his shirt got stuck. He was pulled into the air and fell on his left knee and left elbow. On 11/10/1993 he had an excision of a bipartite patella of the left knee. On 07/24/1991 he had a fractured left patella. On 03/08/1993 he had a left distal ulna fracture treated with a splint. He had a cumulative trauma from the job to right wrist, left knee, hip, elbow and spine. On 10/07/1999 EMG/NCS revealed no median nerve entrapment. He did not have carpal tunnel syndrome. He did have right ulnar nerve entrapment. He had a left total hip replacement on 10/13/2008. He also had a history of chronic regional pain syndrome (noted on 04/04/2014). On 10/01/2013 he had low back pain that radiated to his left heel. He also had left foot numbness. He was receiving acupuncture treatment. On 07/29/2014 he reported heel blisters. He had residual bilateral wrist pain and hand numbness. He had low back pain and left hip pain. He had lumbar paraspinal muscle spasm. Straight leg raising was negative. He had an antalgic gait. He had chronic regional pain. On 10/30/2014 he had low back pain radiating down his left leg and left hip pain. He was 5'6" tall and weighed 240 pounds. He had posterior heel blisters from shoe inserts. Left hip adductor strength was 4+/5. The left iliopsoas strength was 4-/5. He had decreased sensation at the left L4-L5 and L5-S1 dermatomes. He had an antalgic gait and a flare up of his low back pain. It was noted, "There was no change in his functional capacity." The listed diagnoses included carpal tunnel syndrome, contusion of thigh, contusion of knee and osteoarthritis unspecified. He was to continue use of his wrist braces and acupuncture therapy. He needed new walking shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, 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), Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The patient was stable and functionally unchanged. There was no documentation that he was a neurosurgery candidate. He has had several lumbar MRIs but none recently to evaluate him for surgery. Although ACOEM Chapter 7 notes that consultations with other specialists may be needed for the management of the patient, there is no documentation of any functional change that would warrant the need for a neurosurgery consultation. There was no documentation that neurosurgery was being considered. Therefore, this request is not medically necessary.