

<b>Case Number:</b>	CM15-0004966		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male with an industrial injury dated 05/11/2012. His diagnoses include status post meniscal repair of the right knee with instability. There was no noted diagnostic imaging since 2013. He has been treated with analgesic medications for several months. In a progress note dated 11/03/2014, the treating physician reports intermittent low back pain described as achy, dull, sore and tender with a pain a of 6/10 and no increase or decrease, and constant right knee pain which was also described as achy, sore, dull, and tender with a pain rating of 8/10 without decrease or increase, despite treatment. The objective examination revealed an antalgic gait favoring the left lower extremity, normal reflexes in the lower extremities, no loss of sensation, non-specific tenderness at the right knee, and positive McMurray's test with interior and exterior rotation of the right knee, +3 crepitus on the left, and decreased range of motion in the right knee. An agreed medical examination dated 08/18/2014 reported sleep problem due to pain. The treating physician is requesting an orthopedic surgeon consultation, a psychological evaluation, and a sleep study which were denied by the utilization review. On 12/10/2014, Utilization Review non-certified a request for an orthopedic surgeon consultation, noting the lack of physical and imaging findings to support a total knee arthroplasty, and the lack of rationale for a second opinion. The ACOEM Guidelines were cited. On 12/10/2014, Utilization Review non-certified a request for a psychological evaluation, noting the absence of in-depth discussion of findings that would support a referral to a psychologist, and the previous denials and IMR decision to uphold the denial of this service. The ACOEM Guidelines were cited. On 12/10/2014, Utilization Review non-certified a request for a

sleep study, noting the absence of discussion of sleep problems and efforts to correct them in the progress notes. The ACOEM Guidelines and ODG were cited. On 01/09/2015, the injured worker submitted an application for IMR for review of orthopedic surgeon consultation, psychological evaluation, and sleep study.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ortho Surgeon Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): chapters 8-14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** The 61 year old patient presents with intermittent pain in the low back rated at 6-7/10 and constant pain in the right knee rated at 7-8/10, as per progress report dated 12/01/14. The request is for ORTHO SURGEON CONSULT. The RFA is dated 11/03/14, and the patient's date of injury is 05/12/12. The patient is s/p meniscal repair right knee with instability. The pain is aggravated by prolonged activity and repetitive movements, as per progress report dated 12/01/14. The patient is temporarily totally disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient is suffering from right knee pain rated at 7-8/10, as per progress report dated 12/01/14 from [REDACTED]. Physical examination of the knee, as per the same report, revealed tenderness along with positive McMurray's test. Orthopedic evaluation report dated 02/06/14 states that the patient underwent a right knee surgery to repair the tears on 09/11/12. However, he complained of increased pain and discomfort after the surgery and underwent a second surgery on 06/04/13. Nonetheless, the patient's symptoms did not improve. An MRI of the right knee, dated 09/10/13 --- after the second surgery ---, revealed joint effusion, chondromalacia patellae, Wiberg Type II patella, medial compartment syndrome, subarticular cysts in distal lateral femoral condyle, medial collateral ligament sprain, and lateral and medial meniscus posterior horn tear. Hence, the primary treating physician requested an orthopedic evaluation from [REDACTED]. The orthopedic surgeon further states that "it is my firm belief that he is a little too young to consider a total knee replacement and x-rays of his knee do not really seem to warrant a TKR at this time." In progress report dated 04/14/14, [REDACTED] is requesting for a second opinion for "potential right knee surgery." He continues to make the request in many reports until 12/01/14. However, the treater does not elaborate on the need for another ortho consultation. This request IS NOT medically necessary.

**Psychological Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): chapters 8-14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** The 61 year old patient presents with intermittent pain in the low back rated at 6-7/10 and constant pain in the right knee rated at 7-8/10, as per progress report dated 12/01/14. The request is for PSYCHOLOGICAL EVALUATION. The RFA is dated 11/03/14, and the patient's date of injury is 05/12/12. The patient is s/p meniscal repair right knee with instability. The pain is aggravated by prolonged activity and repetitive movements, as per progress report dated 12/01/14. The patient is temporarily totally disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient suffers from chronic pain in lower back and right knee. In the latest progress report, dated 12/01/14, [REDACTED] is requesting for a psychological evaluation to "rule out anxiety/depression," but does not provide any details about the patient's mental state. However, in a prior report dated 07/07/14, [REDACTED] states that the patient has "high levels of frustration." In the orthopedic evaluation report, dated 02/06/14, [REDACTED] states that the patient has had "episodes of stress, anxiety, depression and nervousness because he worries about not being able to recover, and an uncertain future." Given the patient's psychological issues, a consultation with a specialist may be beneficial. Hence, the request IS medically necessary.

**Sleep Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/pain.htm>) sleep studies Epworth Sleepiness Scale: [http://www.umm.edu/sleep/epworth\\_sleep.htm](http://www.umm.edu/sleep/epworth_sleep.htm)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (chronic)chapter,Polysomnography

**Decision rationale:** The 61 year old patient presents with intermittent pain in the low back rated at 6-7/10 and constant pain in the right knee rated at 7-8/10, as per progress report dated 12/01/14. The request is for SLEEP STUDY. The RFA is dated 11/03/14, and the patient's date of injury is 05/12/12. The patient is s/p meniscal repair right knee with instability. The pain is aggravated by prolonged activity and repetitive movements, as per progress report dated 12/01/14. The patient is temporarily totally disabled, as per the same progress report. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for

Polysomnography: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." In this case, the request for a sleep evaluation study is noted in progress report dated 12/01/14. As per orthopedic evaluation report dated 02/06/14, [REDACTED] states that the patient "wakes up a few times per night due to his pain. He wakes up at night to take medication so that he is able to rest." The treater, however, does not provide any other details about the patient's insomnia problem including duration, its response to behavior intervention and sedative medications, and personality changes. The report lacks the information required to make a determination based on ODG. The request IS NOT medically necessary.