

Case Number:	CM15-0005023		
Date Assigned:	01/22/2015	Date of Injury:	01/21/2003
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	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: Orthopedic Surgery

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 70 year old male who suffered a work related injury on 01/21/03. Per the physician notes from 11/14/14, he complains of chronic pain in his lumbar spine and right knee with associate aching, stiffness, and stabbing pain. He has managed the back pain with rhizotomies 1-2 times per year, in addition to home exercise program, and meds. The recommended treatments are facet rhizotomies bilateral L4-4 and L5-S1, right total knee replacement, 3 day hospital stay, post-operative physical therapy, Xarelto, crutches, walker, and 2 aqua cell dressings. On 12/18/14, the Claims Administrator non-certified the right lumbar facet rhizotomies at L5-S1, citing EDG guidelines. The Claims Administrator also non-certified the crutches, walker, and aqua cell dressings as the operative procedure was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase of Crutches, Walker, and two Aqua Cell Dressings: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Walking aids

Decision rationale: ODG knee chapter, walking aids, recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case there is lack of functional deficits noted in the exam note from 11/14/14 to warrant crutches, walker and two aqua cell dressings. Therefore the determination is for non-certification

Right Lumbar Facet Rhizotomies at L5-S1 as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Facet joint radiofrequency neurotomy

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 11/14/14 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification.