

Case Number:	CM15-0005291		
Date Assigned:	01/16/2015	Date of Injury:	12/10/2008
Decision Date:	03/18/2015	UR Denial Date:	12/13/2014
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: 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 (IW) is a 58 year old female, who sustained an industrial injury on December 10, 2008. She has reported pain in the low back with radiating pain, tingling and numbness to the right hip and was diagnosed with status post lumbar fusion, severe degenerative disk disease from lumbar 5 through sacral 1 with severe foraminal stenosis, fatty liver with elevated enzymes and bilateral sacroiliitis, right greater than left. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, injections of the joint, back surgeries including lumbar fusion, physical therapy, pain medications and work modifications. Currently, the IW complains of low back pain with pain, tingling, and numbness radiating to the right thigh. The IW reported an industrial injury on December 10, 2008. She continued to report pain at follow up visits. On June 26, 2014, she reported continued pain as previously described. She was noted to be using oral pain medications and pain patches. She reported severe headaches with a trial of Zohydro. The medication was discontinued one week earlier and the headache was noted as still present. Aqua therapy was recommended. On July 23, 2014, the pain continued. The Zohydro was renewed for severe pain. She reported the Zohydro to help with pain as well as Lidoderm patches. Sacroiliac joint injection on July 24, 2014 was noted to provide significant relief. On September 3, 2014, she reported relief from aqua therapy however the pain was still rated at a 5 on a 1-10 scale with occasional flare-ups. The headaches continued. The option for a spinal cord stimulator was addressed. On December 2, 2014, the pain continued. An updated magnetic resonance image was requested as well as electroneurodiagnostic testing of the back and lower extremities. On December 13, 2014, Utilization Review non-certified a right knee

consultation, noting the Non- MTUS, ACOEM Guidelines, was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested right knee consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee consultation: Overturned

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

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 58 year old patient presents with pain in the low back that radiates to bilateral lower extremities along with significant right shoulder and right knee symptoms, as per progress 12/02/14. The request is for right knee consultation. There is no RFA for this case, and the patient's date of injury is 12/10/08. The patient is status post instrumental fusion from L3 through L5, and right shoulder surgery. Her diagnoses, as per progress report dated 12/02/14, includes chronic lumbar strain, moderately severe lumbar degenerative disc disease L1-L5, small to moderate foraminal herniation at L5-S1, chronic pain syndrome, and internal derangement of the right knee. As per progress report dated, 10/28/14, the patient has had four right knee surgeries, 2 left knee surgeries, and two right shoulder surgeries, along with liver, eye, sinus surgeries. EMG of the bilateral lower extremities, dated 06/04/13 that was reviewed in progress report dated 10/15/14, revealed chronic left S1 radiculopathy. The patient is temporarily disabled, as per progress report dated 12/02/14. 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 request for right knee consultation is noted in progress report dated 12/02/14. While the treater states that the patient has right knee symptoms, no additional details are provided. However, as per a prior progress report dated 10/28/14, the patient has had four right knee surgeries-- dates of these procedures are not mentioned----. In progress report dated 02/07/14, the treater states that the patient's right knee has multiple healed surgical incisions. Examination also revealed painful patellofemoral crepitus with motion and positive McMurray's sign leading to medial joint line pain. As per progress report dated 04/02/14, the patient's right knee pain can be rated at 5-6/10 with tenderness to palpation. It is evident that the patient hasn't benefited from surgery, medications and physical therapy. A consultation with a knee specialist may help develop the future course of treatment and help manage the pain effectively. Hence, the request is medically necessary.