

<b>Case Number:</b>	CM15-0005469		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2015

### 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 56-year-old male who reported an injury on 05/10/2013. The mechanism of injury occurred when the injured worker was lifting a large quantity of custard and twisted his knee. The injured worker has diagnoses of impingement syndrome, rotator cuff tendinitis/bursitis, AC joint arthrosis, and myofascial strain of the shoulder. There is also lumbar sprain/strain, lumbar degenerative disc disease, lumbar stenosis, and lumbar radiculopathy. Past medical treatment consists of the use of a knee brace and medication therapy, and also epidural steroid injection. Medications included cyclobenzaprine, fenoprofen calcium, Lunesta, and Omeprazole. No pertinent diagnostics were submitted for review. On 01/12/2015, the patient was seen for a follow-up appointment where he complained of lower back pain, left shoulder pain, and right knee pain. The injured worker rated the pain at a 10/10. The injured worker described the pain as aching and sharp. The physical examination of the lumbar spine revealed range of motion was restricted. Lumbar facet loading was positive on the left side and negative on the right side. Straight leg raising test was negative on the right and positive on the left side at 90 degrees in sitting position. The physical examination of the right shoulder revealed no limitation of flexion was noted. The left shoulder revealed restricted flexion limited to 90 degrees due to pain, and abduction limited to 100 degrees limited due to pain. Hawkins test was positive as was Neer's test. There was tenderness to palpation on the acromioclavicular joint and trapezius. The physical examination of the right knee revealed that the injured worker was wearing a brace. There was tenderness to palpation over the medial joint line and patella. On sensory examination, light touch sensation was decreased over the medial forearm, lateral

forearm on the left side, and hyperesthesia was present over the medial calf and lateral calf on the right side. The medical treatment plan was for the injured worker to undergo orthopedic consultation for the right knee and left shoulder, left sided L4-5 and L5-S1 medial branch block, and continuation of knee brace. The rationale and Request for Authorization form were not submitted for review.

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

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

#### **Orthopedic Consultation for the Right knee and Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** The request for Orthopedic Consultation for the Right knee and Left Shoulder is not medically necessary. The California MTUS Guidelines state that, if complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The submitted documentation indicated that the injured worker had pain in the right knee and left shoulder. However, there was no indication of the injured worker having trialed and failed conservative treatment. Given that there are no other significant factors provided to justify the request, the request would not be indicated. As such, the request is not medically necessary.

#### **Left-Sided L4-L5-S1 Medial Branch block: 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) Lumbar Spine, facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The request for Left-Sided L4-L5-S1 Medial Branch block is not medically necessary. The California MTUS Guidelines/ACOEM Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The submitted documentation indicated that the injured worker had lumbar back pain. However, there was no indication of the injured worker having trialed and failed conservative treatment. Furthermore, there were no diagnostics submitted for review. Given that there were no other

significant factors provided to justify the request, the request would not be indicated. As such, the request is not medically necessary.

**Left Knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and Leg, Knee Brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339-340.

**Decision rationale:** The request for Left Knee brace is not medically necessary. The California MTUS/ACOEM Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or a medial collateral ligament instability, though its benefits may be more emotional than medical. Usually, a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. It was noted in the submitted documentation that the injured worker was using a knee brace. However, it was not noted in the submitted documentation whether the injured worker was receiving relief with the use of the brace. Additionally, there was no evidence of the current knee brace being broken or nonfunctional. There was no rationale submitted for review to warrant the request for an additional brace. Given the above, the request would not be indicated. As such, the request is not medically necessary.