

Case Number:	CM15-0006179		
Date Assigned:	01/15/2015	Date of Injury:	11/25/2010
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained an industrial injury on 11/25/2010. He has reported pain in right shoulder, lumbosacral spine, and bilateral knees. The IW is status post left knee surgical intervention 11/29/2011 and right knee 12/2012, and lumbar steroid transforaminal injection. The diagnoses have included lumbar strain, lumbar disc disease, lumbar radiculitis, lumbar stenosis and facet arthropathy, left knee cruciate ligament tear and medial meniscus tear. Treatment to date has included physical therapy. Currently, the IW complains of constant lower back pain associated with numbness to right lower extremity, constant left knee pain, stiffness and numbness, and right shoulder pain. Physical examination dated 11/12/2014 documented tenderness to left knee, decreased Range of Motion (ROM) of right knee with tenderness, positive impingement, Speeds of right shoulder. Magnetic Resonance Imaging (MRI) of the right shoulder was positive for AC arthrosis, partial tear rotator cuff, and x-rays of left knee indicated ACL reconstruction, moderate joint space narrowing. On 12/12/2014 Utilization Review non-certified a follow up appointment for recommendation of lumbar surgery and range of motion measurement, noting the documentation was insufficient. The MTUS Guidelines and Campbells Operative Orthopaedics, 12th edition, 2013 were cited. On 1/8/2015, the injured worker submitted an application for IMR for review of follow up appointment for recommendation of lumbar surgery and range of motion measurement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit for recommendation of lumbar surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requesting physician is an orthopedic surgeon who has conducted a comprehensive evaluation, yet it is unclear why the injured worker is being referred to another orthopedic surgeon. There is no discussion of why surgery is indicated, and this is not a request for surgery. This request is for referral to a surgeon that the injured worker has seen on multiple occasions already. Medical necessity of this request has not been established. The request for Follow-up visit for recommendation of lumbar surgery is determined to not be medically necessary.

Range of Motion Measurement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbells Operative Orthopaedics, 12th edition, 2013 S Terry Canale, MD and James H. Beaty, MD

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This request is not made clear to its intentions as there is also a request for follow up with another orthopedic surgeon. The requesting physician has recently performed range of motion measurements without any indication of why specific range of motion measurements are indicated currently. There is no report of significant change in the injured worker's status. Medical necessity of this request has not been established. The request for Range of Motion Measurement is determined to not be medically necessary.

