

Case Number:	CM15-0106035		
Date Assigned:	06/10/2015	Date of Injury:	05/09/1991
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male who sustained an industrial injury on 05/09/1991. Treatment provided to date has included: physical therapy, injections, medications, and conservative therapies/care. Diagnostic testing was not mentioned or provided. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/22/2015, physician progress report noted complaints of mid back pain. Pain is rated as 8 (0-10) and described as constant, sharp, dull/aching, throbbing, stabbing, pressure, cramping, weakness and spasms. Additional complaints include increased left knee pain associated with the low back pain. The injured worker noted that his pain level was rated as 8/10 on a good day and 10/10 on bad days. Current treatments consist of medications. The physical exam revealed decreased mentation, moderate tenderness to the thoracic spine with limited range of motion, bilateral parathoracic tenderness, decreased sensation at T6 bilaterally, and a normal gait. The provider noted diagnoses of chronic pain, thoracic strain/sprain, and rule out facet arthropathy in the thoracic spine. Plan of care includes continued medications, continued conservative treatments, an orthopedic consultation for knee pain and follow-up. The injured worker's work status is permanent and stationary. Requested treatments/services include an orthopedic consultation for knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult for Knee Pain: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for back pain and left knee pain. When seen, there was increased left knee pain. The knee was not examined. Medications being prescribed include morphine and Norco. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has left knee pain, but no examination of the knee is documented nor is there an adequate description of the claimant's complaints. The reason for the consultation is not described. Therefore, it cannot be considered medically necessary.