

Case Number:	CM15-0107517		
Date Assigned:	06/18/2015	Date of Injury:	08/20/2010
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 42-year-old male who sustained an industrial injury on 8/20/2010 resulting in bilateral knee pain and swelling. He was diagnosed with bilateral joint effusion with nonspecific synovial hypertrophy/synovitis, patella chondromalacia, multiple joint pain, and subsequently severe multi-articular gout. Treatment has included arthroscopy of the right knee with debridement; right partial medial and lateral meniscectomy; debridement of crystalline arthropathy of the right knee; opioids; Prednisone; and Allpurinol. The injured worker has reported Prednisone to be most effective in reducing symptoms. The injured worker continues to complain of pain in multiple joints. The treating physician's plan of care includes standing knee x-rays and sunrise views of bilateral knees, 4 view lumbar spine x-rays and referral for psychiatric consult. Current work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Standing Knee X-Rays and Sunrise Views Bilateral Knees: 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), Knee chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the guidelines, knee x-rays are recommended for redflag diagnosis. In this case, the claimant had an MRI of the knee a year ago which showed synovial hypertrophy and chondromalacia. The request for an MRI was for determining permanent status rather than a red flag diagnosis. The request for x-rays are not medically necessary.

4 View Lumbar Spine X-Rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, x-rays are indicated for red flag diagnostic concerns such as cancer, infection, fracture or acute neurological changes. In this case, the claimant had MRIs 2 yrs ago which showed L5-S1 anterolisthesis. The request for the x-rays were to determine permanent status of injury. There was no red flag concerns and the x-ray of the lumbar spine is not medically necessary.

Referral to psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has a history of depression and back/knee pain. The referral to the psychiatrist was to determine MMI/permanent status rather than for medical diagnosis or intervention. As a result the request is not medically necessary within the guidelines above.