MAXIMUS Federal Services

Case Number:	CM15-0183914		
Date Assigned:	09/24/2015	Date of Injury:	07/11/2014
Decision Date:	11/17/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old male, who sustained an industrial injury on 7-11-2014. The injured worker was diagnosed as having lumbar spine radiculopathy and right knee medial meniscal tear. Treatment to date has included diagnostics, physical therapy, acupuncture, lumbar epidural steroid injection (3-20-2015), and medications. Currently (8-12-2015), the injured worker complains of constant lumbar pain with radiation to the bilateral lower extremities with numbness, rated 8 out of 10, and constant sharp bilateral knee pain, rated 7-8 out of 10, right greater than left (right knee pain rated 9-10 out of 10 on 7-01-2015). The treating physician documented that there were no changes to the physical exam and a physical exam of the left knee was not documented on 7-01-2015. His rash was not described. His function with activities of daily living was not described. A Qualified Medical Evaluation Supplemental Report-Orthopedic Surgeon (6-11-2015) documented that his primary problem appears to be "anxiety and depression", noting the "need to depend on an internist to give an opinion answering the sleep disorder, dizziness, headache, vomiting, and medicinal side effects", at which time it was documented that the Psychological Evaluation (12-01-2014). A PR2 report (7-01-2015) noted a skin rash, possible allergy from medication versus lumbar epidural steroid injection, at which time an internist evaluation was requested. Internal Medicine evaluation (7-02-2015) noted that the injured worker denied a past medical history and he had a prior history of allergic reaction "to other types of medications". It was documented that he developed a rash at the same time he was started on Naprosyn, Omeprazole, Tramadol, and Orphenadrine. He reported anxiety and depression since 1995 and recently reported elevated blood pressure. His allergies were known

to Penicillin, Paxil, Darvon, and Diclofenac. A review of symptoms was positive for frequent headaches, "abnormal blood pressure", off and on shortness of breath, stomach pain, vomiting and diarrhea off and on, and a mole on his left cheek (seen by private physician with referral to a dermatologist). Exam noted blood pressure 110 over 87 and heart rate 103. His height was 5'8" and weight was 210 pounds. Exam of the skin was notable for the presence of group of clusters of vesicular rashes on the anterior and posterior chest and a 0.5cm brownish mole on the left cheek, with surrounding mild swelling and redness. He was diagnosed with shingles, possible melanoma on the left cheek, anxiety and depression (aggravated), and orthopedic diagnoses. He was prescribed Zovirax and "may continue his other medications". Recommended return appointment in six weeks, sooner if necessary was noted. Internal Medicine follow up (8-27- 2015) was handwritten and difficult to decipher but noted chest rash improved with medications as prescribed. He was to have lab-work and bring biopsy results from left cheek on next visit. His work status was not noted. The treatment plan included magnetic resonance imaging of the right knee and follow-up consultation with Internal Medicine, non-certified by Utilization Review on 9-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: This 53 year old male has complained of low back pain and knee pain since date of injury 7/11/14. He has been treated with acupuncture, physical therapy, medications and epidural steroid injection. The current request is for MRI of the knee. Per the MTUS guidelines cited above, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Additionally, MRI is not recommended except when there is a suspicion for ACL tear. The available medical records do not document findings consistent with an ACL tear or suspicion of a tear nor is there adequate provider rationale documented for obtaining an MRI of the knee. On the basis of the available medical records and per the guidelines cited above, MRI of the knee is not indicated as medically necessary.

Follow up consultation with Internal Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 13th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 53 year old male patient has complained of low back pain and knee pain since date of injury 7/11/14. He has been treated with acupuncture, physical therapy, medications and epidural steroid injection. The current request is for follow up consultation with Internal Medicine. The available medical records do not contain documentation of a previous consultation with Internal Medicine nor do they document provider rationale for the request of follow up consultation with Internal Medicine. On the basis of the available medical records and per the guidelines cited above, follow up consultation with Internal Medicine is not indicated as medically necessary.