

<b>Case Number:</b>	CM15-0187490		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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:

This is a 43-year-old male with a date of injury of March 2, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for left knee degenerative joint disease, left knee pain, lower back pain, sacroiliac joint pain, and right knee pain. Medical records dated July 13, 2015 indicate that the injured worker complains of right knee pain. A progress note dated August 10, 2015 notes subjective complaints of pain in the bilateral aspect of the lumbar spine with radiation to the bilateral lower extremities, and tingling and numbness in the bilateral lower extremities, left greater than right. Per the treating physician (August 10, 2015), the employee has not returned to work. The physical exam dated July 13, 2015 reveals tenderness over the medial joint line of the bilateral knees, antalgic gait, tenderness over the lumbar paraspinal muscles bilaterally, limited lumbar range of motion, tenderness over the bilateral sacroiliac joints, and difficulty arising from a chair. The progress note dated August 10, 2015 documented a physical examination that showed no change since the examination conducted on July 13, 2015. Treatment has included imaging studies, at least five sessions of physical therapy, and medications (Gabapentin since at least March of 2015; Relafen and Lidoderm patches since at least April of 2015; and an unspecified opioid medication). The original utilization review (September 15, 2015) non-certified a request for [REDACTED] neuropathic topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

