

Case Number:	CM15-0187506		
Date Assigned:	09/29/2015	Date of Injury:	08/21/2014
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	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:

The injured worker is a 56 year old female who sustained an industrial injury on August 21, 2014. A recent primary treating office visit dated August 04, 2015 reported current subjective complaint of "her symptoms have continued to worsen." She complains of "constant severe pain in her low back, left shoulder, and left knee." She reports weakness in her left knee which has contributed to her falling three times recently. The low back pain "radiates into her left hip." The following diagnoses were applied to this visit: left shoulder sprain and strain, rule out internal derangement; lumbar spine pain; lumbar spine sprain; lumbar spine stenosis; lumbar spine radiculopathy; lumbar spine herniated nucleus pulposus with MRI evidence of mild lower lumbar degenerative disc disease and facet arthropathy; sciatica, and left knee strain and sprain with MRI evidence of small osteochondral lesion along the anterior aspect of the lateral femoral condyle; without tear. Of note, the worker did seek treatment from the emergency department status post falling at home with pain and noted receiving an intramuscular injection. The plan of care is with recommendation to undergo orthopedic evaluation and treatment of left hip and left knee complaints. On August 26, 2015 a request was made for an orthopedic evaluation and treatment of hip and knee pains, left that was noncertified by Utilization Review on August 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic extremity evaluation and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127.

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 sustained a work injury in August 2014 and is being treated for low back and left shoulder and knee pain. She was seen for an orthopedic f/u on 08/04/15. She was having low back pain radiating to the left hip and severe low back, left shoulder, and left knee pain. There had been three recent falls due to pain. Physical examination findings included a left shoulder mass. There was left shoulder, knee, and lumbar spine tenderness. There was restricted range of motion. Impingement and Fabere tests were positive. The claimant's body mass index is over 34. An orthopedic evaluation with an extremity specialist for the left hip and knee complaints with treatment was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant is being treated by an orthopedic surgeon who is continuing as the primary treating physician. A same specialty evaluation is being requested without clear indication. Authorization for treatment is also being requested and without having the results of an evaluation, nonspecified treatments cannot be authorized. The request is not considered medically necessary.