MAXIMUS Federal Services

| Case Number: | CM15-0196628 | | |
|---|---|---|---|
| Date Assigned: | 10/12/2015 | Date of Injury: | 04/20/2012 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 10/05/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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: California
Certification(s)/Specialty: Emergency Medicine

## 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 54 year old male who sustained an industrial injury on 4-20-2012. A review of medical records indicates the injured worker is being treated for lumbago, internal derangement of knee not otherwise specified, and disc disorder lumbar. Medical records dated 8-18-2015 noted bilateral knee pain that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing. There is some swelling and buckling. Pain was noted as unchanged and rates his pain an 8 out of 10. There was pain in the lower back aggravated by activities of daily living. Pain was rated a 7 out of 10. Physical examination noted tenderness in the joint line. There was crepitus with painful range of motion. There was palpable paravertebral muscle tenderness with spasm. Range of motion was guarded and restricted. Treatment has included injections and medications. Utilization review form dated 10-5-2015 noncertified consultation ophthalmology and body composition study.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation ophthalmology QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested Consultation ophthalmology QTY: 1.00 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has bilateral knee pain that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing. There is some swelling and buckling. Pain was noted as unchanged and rates his pain an 8 out of 10. There was pain in the lower back aggravated by activities of daily living. Pain was rated a 7 out of 10. Physical examination noted tenderness in the joint line. There was crepitus with painful range of motion. There was palpable paravertebral muscle tenderness with spasm. Range of motion was guarded and restricted. The treating physician did not adequately document the medical necessity for this consult or how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Consultation ophthalmology QTY: 1.00 is not medically necessary.

**Body composition study Qty: 1:** 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 http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/Body-Composition-Tests_UCM_305883_Article.jsp#.Vkt5HmSrRN0.

**Decision rationale:** The requested Consultation ophthalmology QTY: 1.00 is not medically necessary. CA MTUS and ODG are silent. http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/Body-Composition-Tests_UCM_305883_Article.jsp#.Vkt5HmSrRN0 notes that this test is useful for very specific medical conditions. The injured worker has bilateral knee pain that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing. There is some swelling and buckling. Pain was noted as unchanged and rates his pain an 8 out of 10. There was pain in the lower back aggravated by activities of daily living. Pain was rated a 7 out of 10. Physical examination noted tenderness in the joint line. There was crepitus with painful range of motion. There was palpable paravertebral muscle tenderness with spasm. Range of motion was guarded and restricted. The treating physician did not adequately document the medical necessity for this diagnostic test or how the treating physician is anticipating this diagnostic test will affect treatment. The criteria noted above not having been met, Body composition study QTY: 1.00 is not medically necessary.