

Case Number:	CM15-0210341		
Date Assigned:	10/29/2015	Date of Injury:	10/31/2003
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/26/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 62 year old female, who sustained an industrial-work injury on 10-31-03. She reported initial complaints of pain to hands and knees. The injured worker was diagnosed as having carpal tunnel syndrome, intervertebral disc disorders with myelopathy, lumbar region, and sprain-strain of unspecified cruciate ligament of right knee. Treatment to date has included medication, diagnostics, and rheumatology. Currently, the injured worker complains of cervical, thoracic, shoulder, lumbar, and sacroiliac pain. Pain was rated 8 out of 10 most of the time. Per the primary physician's progress report (PR-2) on 10-1-15, exam noted limited range of motion to the cervical region, positive axial compression, DTR (deep tendon reflexes) at 2+, straightening of normal lordosis indicating muscle spasm. Right shoulder range of motion is restricted as well as lumbar range of motion, positive sitting root bilaterally, Kemp's on the left, straight leg raise at 45 degrees on the left, at 50 on the right. There is palpable tenderness of the bilaterally medial joint line with crepitus and edema, limited knee range of motion, and positive McMurray's bilaterally. Current plan of care includes continue with rheumatology for her fibromyalgia, orthopedic spine specialist referral, exercise, nerve conduction study, and medication. The Request for Authorization requested service to include orthopedic referral and evaluation. The Utilization Review on 10-2-15 non-certified the request for orthopedic referral and evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic referral and evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 Independent Medical Examinations and Consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. Furthermore, knee symptoms that persist beyond four weeks may indicate the need for specialty care referral. Per the treating provider notes, the injured worker has had chronic bilateral knee pain with findings on exam. Therefore, the request for orthopedic referral and evaluation is medically necessary and appropriate.