

<b>Case Number:</b>	CM15-0216152		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	11/30/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 59 year old female who sustained an industrial injury on 11-30-2014. According to a follow up report dated 09-09-2015, the injured worker reported neck pain, upper back pain, lower back pain and right and left knee pain. Evaluation of the cervical spine demonstrated positive cervical compression, foraminal compression bilaterally, Jackson's compression bilaterally, Max compression bilaterally and Soto Hall test. Shoulder depressor was positive on the left and right. Spurling's produced positive results. Evaluation of the lumbar spine demonstrated positive Kemps on the left and right, Patrick-Fabere's test and straight leg raise passive on both sides (pain at 70 degrees bilaterally). Sacroiliac testing demonstrated positive Hibb's left, right, and positive Yeoman's left and right. Examination of the knee demonstrated positive left and right bounce home, Lachman's, patellofemoral grind and valgus stress at 0 degrees. Diagnoses included cervicobrachial syndrome rule out herniated nucleus pulposus, cervical segmental somatic dysfunction, cervical myofascitis myositis, lumbar disc displacement without myelopathy, lumbar segmental somatic dysfunction, lumbar myalgia myofascitis, sacroiliac joint inflammation, and bilateral knee tenosynovitis rule out derangement, post-traumatic headaches and post-traumatic mild concussion. The treatment plan included orthopedic consultation for bilateral knees, myofascial release and acupuncture. On 10-14-2015, Utilization Review modified the request for comprehensive high complex orthopedic consultation twice a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive high complex orthopedic consultation twice a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, and Knee Complaints 2004, Section(s): Initial Assessment, Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening". Also, specialist referrals should be considered if "the diagnosis is especially complex or uncertain." This request for specialist consultation is exceptional given the period requested but the treating physician fails to document any exceptional need or quality of this IW's diagnosis. Further, there is no detail given that identifies any diagnosis as "especially complex or uncertain." As such the request for Comprehensive high complex orthopedic consultation twice a week for 6 weeks is not medically necessary.