

<b>Case Number:</b>	CM15-0043974		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on 9/19/12. He reported pain in the neck, back, upper and lower extremities related to cumulative trauma. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, right knee medial meniscus tear and right knee sprain. Treatment to date has included acupuncture, chiropractic treatments and pain medications. As of the PR2 dated 1/8/15, the injured worker reports 8/10 dull, achy right knee pain that radiates to the right hip. The treating physician noted decreased range of motion and tenderness to palpation of the anterior knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Total Joint Replacement Specialist:** Overturned

**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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** According to the 12/04/2014 report, this patient presents with activity-dependent to frequent severe stabbing, throbbing, burning left knee pain, stiffness, numbness, and tingling and constant severe stabbing, throbbing, burning right knee pain, stiffness, numbness, and tingling radiating to big toe and outer part of leg with numbness, tingling, weakness, and cramping. The current request is for Consultation with Total Joint Replacement Specialist but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 12/04/2014 and the utilization review letter in question is from 02/10/2015. The patient's work status is to remain off- work until 01/16/2015. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral as additional expertise including surgery may be required for the patient. The request IS medically necessary.

**Re-evaluation as needed for right knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcome and endpoints Page(s): 8-9.

**Decision rationale:** According to the 12/04/2014 report, this patient presents with activity-dependent to frequent severe stabbing, throbbing, burning left knee pain, stiffness, numbness, and tingling and constant severe stabbing, throbbing, burning right knee pain, stiffness, numbness, and tingling radiating to big toe and outer part of leg with numbness, tingling, weakness, and cramping. The current request is for Re-evaluation as needed for right knee but the treating physician's report and request for authorization containing the request is not included in the file. Regarding Re-evaluation, MTUS guidelines page states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, the request for re-evaluation as needed cannot be considered as it is vague and general. The treater must indicate specific number of sessions requesting before the request can be considered. Therefore, the request IS medically necessary.