

<b>Case Number:</b>	CM15-0055597		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 53-year-old female who reported an injury on 01/07/2014. The mechanism of injury was cumulative trauma. The surgical history included an arthroscopy, 3 compartment synovectomy, partial lateral meniscectomy, partial medial meniscectomy, and partial patellofemoral chondroplasty on 09/27/2013. The injured worker subsequently underwent bilateral total knee replacements. Prior treatments included work modification; medications; physical therapy for the shoulders, low back, and knees with temporary pain relief; and acupuncture with temporary pain relief. The documentation of 02/11/2015 revealed the injured worker had intermittent moderate sharp headaches. The injured worker had throbbing neck pain, upper mid back pain and tingling, low back pain, throbbing throughout the left shoulder with tingling, and stabbing right shoulder pain and tingling. The injured worker had psychological complaints. There was a complaint of loss of sleep due to pain. The physical examination revealed spasms in the cervical paravertebral muscles. Thoracic range of motion was decreased and painful. There were spasms of the thoracic paravertebral muscles. Lumbar range of motion was decreased and painful. There was +3 tenderness to palpation of the lumbar paravertebral muscles and spasms of the lumbar paravertebral muscles. Sensation was decreased in the left upper extremity. The McMurray's caused pain and the valgus caused pain. There was +3 tenderness to palpation of the medial knee and medial joint line in the left knee. The diagnoses included headache; cervical, thoracic, and lumbosacral sprain and strain; cervical, thoracic, and lumbar muscle spasm; cervical disc protrusion with nerve root compromise per MRI; bilateral carpal tunnel syndrome per EMG/NCV; thoracic and cervical spondylosis per x-

ray; lumbar disc protrusion with bilateral nerve root compromise and degeneration of the spine per MRI; loss of sleep; psych component; left knee, right shoulder, and left shoulder sprain and strain; left shoulder and right shoulder muscle spasm; and status post surgery, left knee. The treatment plan included home exercises; a referral for psych, sleep, and urologist; as well as a followup for pain management and internal medicine for diabetes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Follow up for pain management: 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 Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to provide a rationale for the request. There was a lack of documentation indicating objective findings upon examination, which would support the necessity for a pain management consultation. There was a lack of documentation of specific medications the injured worker is taking to support the necessity for a pain management follow-up. Given the above, the request for 1 follow-up for pain management is not medically necessary.

#### **1 Referral to see a psychologist: Upheld**

**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 Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review indicated the injured worker had psychological complaints. However, these specific complaints were not provided. There was a lack of documentation of objective observations regarding evidence of depression, anxiety, or irritability. Given the above, the request for 1 referral to see a psychologist is not medically necessary.

#### **Sleep study: 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 Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

**Decision rationale:** The Official Disability Guidelines indicate the criteria for polysomnography include there should be documentation of complaints of at least 6 months related to a lack of sleep. There should be documentation of a combination of cataplexy, morning headache, intellectual deterioration, personality change, and/or sleep related breathing disorder or periodic limb movement disorder is suspected. There was a lack of documented rationale for the request for a sleep study. The documentation indicated the injured worker had a loss of sleep due to pain. However, there was a lack of documentation of the Epworth Sleepiness Scale and/or daytime somnolence. Given the above, the request for sleep study is not medically necessary.

**1 Referral to urologist:** Upheld

**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 Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide a documented rationale for a referral to a urologist. There was a lack of documentation of urologic complaints. Given the above, the request for 1 referral to urologist is not medically necessary.

**1 Follow up with internal medicine:** 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 Official Disability Guidelines (ODG) Pain Chapter, Office visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to provide a rationale for the request. The documentation indicated the injured worker was to have a follow-up with internal medicine

for diabetes mellitus. However, the specific rationale was not provided in relation to diabetes mellitus for a follow-up. Given the above, the request for 1 follow-up with internal medicine is not medically necessary.