

Case Number:	CM14-0147384		
Date Assigned:	09/15/2014	Date of Injury:	04/04/2009
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male whose date of injury is 4/04/09. The injury occurred when the patient stumbled and fell into a hole/pit. The patient was diagnosed with sprain/strain of the neck, lumbar spine, shoulder and upper arm, and knee and leg. 4/29/14 QME documented the patient complained of knee, lower back and left arm pain. There were ambulation issues and he was utilizing wheeled walker and bilateral knee braces. He had difficulties standing without support and on his heels and toes. Unstable gait was noted. Clinically, the bilateral shoulder, cervical and lumbar spine range of motion was normal. Straight leg raise test was positive bilaterally. There was full range of motion of the hips, knees and ankles with no evidence of ligamentous laxity of the knees or effusion. Deep tendon reflexes were 4+ and brisk in the upper and lower extremities. There was ankle clonus bilaterally. Bilateral Babinski and Hoffman reflexes were present. There was mild spasticity of on both lower extremities. Future medical care recommendations consisted of consultation and treatment as indicated and MRI of both thoracic and lumbar spine to rule out a space occupying lesion as the cause of the symptoms. 4/29/14 Employee's Disability Questionnaire documented the patient doesn't work and can't walk for a long time nor lift due to back pain. MRI of the left knee dated 3/02/12 was referenced, which documented joint effusion, grade II signal versus grade III tear in the posterior horn of the lateral meniscus. 3/02/12 MRI of the lumbar spine showed scattered hemangioma; diffuse congenital narrowing of spinal canal and multilevel disc changes. Treatment to date has included PT, medications, knee injection, acupuncture, work modifications and consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with PTP: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Medical necessity for follow-up with PTP is established. The patient has chronic complaints of pain in multiple bodily injuries that failed to respond to prior conservative treatments such as PT, medications, acupuncture and activity modifications. The most recent medical report dated 4/29/14 documented that the patient was suffering from lower back pain with difficulties in ambulation and standing. The patient can't work or walk for a long time. A follow-up visit is necessary to determine any changes in the patient's conditions; as well as evaluate and discuss any future plans and treatment management. CA MTUS low back chapter recommends follow-up visits when there is alteration in job duties, after appreciable healing or recovery, to counsel the patient about medication use, activities, and other concerns. Furthermore, the QME described a positive Babinski sign and bilateral clonus. Therefore the request is medically necessary.

PR2 REPORT: 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 This request is not a medical treatment and no guideline is referenced.

Decision rationale: Medical necessity for PR2 report is not established. This request is not an actual treatment but a request for a medical report. Recommend non-certification.