

Case Number:	CM14-0158203		
Date Assigned:	10/01/2014	Date of Injury:	11/12/2010
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 44 year old male who was injured on 11/12/2010. He was diagnosed with left knee pain, low back pain with radiculopathy, cervical strain, cervical radiculopathy, sacroiliac sprain, right shoulder adhesive capsulitis, right wrist 5th metacarpal fracture, and right shoulder muscle tear. The worker was treated with medications, surgery (left knee, right shoulder), lumbar epidural steroid injections, and physical therapy/exercises. On 9/9/14, worker was seen by his primary treating physician complaining of right shoulder pain, but was completing his rehabilitation therapy for this. He also complained of low back pain radiating into his right leg. He also complained of right leg pain being worse than left knee pain on that day. Lumbar pain was rated at 5/10 on the pain scale. Physical examination findings were partially illegible but included left knee crepitus, lumbosacral tenderness and decreased range of motion, and right shoulder tenderness and decreased range of motion. Neurologic examination was normal and intact. The worker's provider then recommended to continue his shoulder physical therapy, complete an MRI of the left knee (updated image to consider repeat surgery), as well as get another independent pain management consultation for his lumbar spine pain and a new and independent surgical consult for his left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): pp. 77, 81, 124. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004), p. 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, it is not completely clear as to why there was a need for a separate and independent consultation for both an orthopedist and the pain specialist since the worker had already seen an orthopedist in the past for his knee and a pain specialist for his back. Follow-up with these same specialists might have been considered. However, a new consultation seems unnecessary. Due to lack of documented reasoning with both requests for specialists, it is not medically necessary for a new and independent pain specialist or for a new and independent orthopedic consultation.

Surgical Consult with Orthopedic Surgeon for the left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, it is not completely clear as to why there was a need for a separate and independent consultation for both an orthopedist since the worker had already seen an orthopedist in the past for his knee and a pain specialist for his back. Follow-up with these same specialists might have been considered. However, a new consultation seems unnecessary. Due to lack of documented reasoning, it is not medically necessary for a new and for a new and independent orthopedic consultation.

MRI of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines Treatment in worker's Compensation, 2013 Knee MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): pp. 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, the last left knee MRI was more than two years ago, which is why the provider wanted another image, and to consider surgical intervention based on any new imaging findings. However, clinically (subjectively and objectively) the worker did not seem to exhibit any worsening of his symptoms that might suggest imaging or surgery. Without any significant change suggesting further damage that would make him a clear candidate for surgery, MRI of the knee is not medically necessary, nor is it likely to be significantly helpful with the treatment of his knee pain.