

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0171862 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 09/29/2003 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 65 year old with an injury date on 9/29/03. Patient complains of constant pain down left leg per 9/29/14 report. Patient stated that 48 hours after a Supartz injection from 10/24/13, he had a recurrence of significant pain going down leg, a type of pain he's had previously with history of back issues per 9/29/14 report. A second Supartz injection on 10/31/13 yielded the same leg symptoms, although treater states that the injection was done from superolateral aspect of knee, not anywhere near tibial nerve posteriorly per 9/29/14 report. A subsequent EMG (date unspecified) by ██████ showed tibial nerve abnormality and prompted current request to "evaluate for possible nerve entrapment" per 9/29/14 report. As more recent reports do not contain diagnostic impression, the 4/9/14 progress report provided by ██████ gave the diagnosis of degenerative joint disease of the left knee. Most recent physical examination on 8/12/14 showed "lost even more mobility of his left knee in flexion, which is 105 degrees." Patient's treatment history includes knee brace, cane, medications, home physical therapy, and 2 supartz injections. ██████ is requesting consult with a university level neuromuscular expert. The utilization review determination being challenged is dated 10/9/14 and denies request due to a lack of in-depth physical exam, and unclear documentation of whether diagnosis is neuropathy or radiculopathy. ██████ is the requesting provider, and he provided treatment reports from 4/9/14 to 10/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with a university level neuromuscular expert: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127 Specialty referral

Decision rationale: This patient presents with left greater than right lower back pain, bilateral buttock pain, bilateral posterior leg pain, and bilateral foot pain and is s/p left total knee replacement from 4/14/14. The treater has asked for consult with a university level neuromuscular expert on 10/2/14 to investigate "possible nerve entrapment." Regarding consultations, American College of Occupational and Environmental Medicine (ACOEM) states 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. In this case, the patient presents with pain in lower extremity that has persisted for a year following multiple supartz injections, despite conservative treatment. The requested consult with a university level neuromuscular expert to evaluate possible nerve entrapment appears reasonable considering this patient's ongoing leg symptoms. Treatment is medically necessary.