MAXIMUS Federal Services

Case Number:	CM14-0216257		
Date Assigned:	01/06/2015	Date of Injury:	04/25/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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:

This 41 year old man sustained and industrial injury on 4/25/2011 while he was getting down off of a wall. Upon landing, the worker's left knee gave way and made a loud "pop". The worker described severe pain that made him lose conciousness. Current diagnioses include right knee arthralgia and lumbar discopathy. Treatment has included oral and topical medications, left knee surgery with ACL replacement in February 2012, physical therapy, left knee surgery with debridement in June 2012, knee braces, facet block to the lumbar spine during a hospitalization from May 16-20, 2013, left total knee arthroplasty in May 2014, and has recently received authorizations for physical therapy for the lumbar spine. Orthopedic notes dated 12/30/2014, state that the worker is doing poorly due to continued severe pain to this left lower extremity, and he requires continued treatment with pain management and the psychiatrist. Diagnoses include chronic pain syndrome and possible complex regional pain syndrome. Pain managment notes dates 1/5/2015, state that the worker continues to complain of moderate pain in the back and left leg area with the back pain radiating to the left lower extremity. There are also complaints of pain to the left knee and right hip. He requires a cane for ambulation, a joint stabilizing left knee brace, and left knee clicking is noted. The treatment plan includes continuing psychiatric services, topical medications, acupuncture, and 18 sessions of biobehavioral intervention services following a psychological consult with assesment. The worker has remained with temporary total disablity status. On 12/4/2014, Utlization Review evaluated prescriptions for consultation with spine specialist and a neoprene brace. The UR physician noted that the worker has complained of lower back pain and is scheduled to receive physical therapy. There is a lack

of evidence to support lumbar radiculopathy and conservative efforts should be utilized prior to a specialist consultation. The worker has also received a hinged knee brace and, additionally, is also recommended to receive a knee sleeve brace. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with Spine Specialist between 11/12/2014 and 2/1/2015: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: This patient presents with continued left knee pain and chronic low back pain. The current request is for a 1 consultation with spine specialist. The utilization review denied the request stating that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging (radiculopathy). The American College of Occupational and Environmental Medicine (ACOEM), Second Edition, (2004), chapter 7, page 127 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. 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."In this case, the patient presents with continued low back pain with positive straight leg raise and decreased range of motion. A consultation with a spine specialist for further evaluation is within ACOEM guidelines. The requested consultation is medically necessary.

1 Neorene Brace between 11/12/2014 and 2/1/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee & leg chapter, knee brace

Decision rationale: This patient continues with left knee pain following a total knee arthroplasty on 05/06/2014. The current request is for 1 neoprene brace. ACOEM guidelines page 340 state, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e.,

increasing the patient's confidence) than medical." The ODG Guidelines under the knee chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, and reconstruction ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Given the patient's history of knee surgery, the request is medically necessary.