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| Case Number: | CM15-0173424 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 01/02/2013 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on January 2, 2013. He reported lumbar spine and bilateral knee pain. The injured worker was diagnosed as having left knee tri-compartmental osteoarthritis, lower extremity radicular pain, lumbar sprain and strain, compensatory gait impairment secondary to the knee pain, liver disease, left knee total knee arthroscopy in 2014 and right knee sprain and strain with degenerative changes. Treatment to date has included diagnostic studies, surgical intervention of the left knee, medications and work restrictions. Currently, the injured worker continues to report lumbar spine and bilateral knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated surgically without complete resolution of the pain. Evaluation on May 18, 2015, revealed continued pain as noted. He rated his lumbar pain at 9 and his bilateral knee pain at 7 on a 1-10 scale with 10 being the worst without the use of medications. He noted the pain would decrease to 4-5 on a 1-10 scale with 10 being the worst with the use of medications. It was noted on lumbar spine assessment Kemp's test bilateral and straight leg raise test on the left were positive. His gait was noted as slow and antalgic. He ambulated with a cane. Evaluation on July 22, 2015, revealed continued pain as noted. He rated his low back pain at 10 and his lower extremity pain at 7 on a 1-10 scale with 10 being the worst. The RFA included requests for Course of treatment for Chronic Pain Patient Including emergency visits Specific therapies or procedures will be requested individually based and was non-certified on the utilization review (UR) on August 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Course of treatment for Chronic Pain Patient Including emergency visits Specific therapies or procedures will be requested individually based: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The California MTUS, ACOEM and ODG all recommend various treatment options, procedures, physical therapies and medications for patients with chronic pain. The patient has low back pain, lower extremity pain and knee pain. However the request gives no specifics on care and therefore is not medically necessary.