

Case Number:	CM15-0026254		
Date Assigned:	02/18/2015	Date of Injury:	02/06/2007
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 56 year old male who sustained an industrial injury on 02/06/2007 from cumulative trauma. He complains of low back pain and bilateral knee pain and also has reported an increase in pain in the neck and low back over the last 2 weeks. Diagnoses include bilateral end stage medial patellofemoral arthritis and history of lumbar and cervical spine surgery. Treatments to date include Synvisc knee injections x2 and other injections x2. A progress note from the treating provider dated 12/18/2014 indicates the IW has a past history of prior lumbar surgery. Treatment plans indicates plans are for bilateral knee replacement. A screening to determine if spinal anesthesia is appropriate is requested. On 01/20/2015 Utilization Review non-certified a request for Back evaluation prior to total knee replacement to determine if spinal is appropriate. The claim was denied based on lack of documentation of need. The Official Disability Guidelines-Treatment in Workers Compensation Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back evaluation prior to total knee replacement to determine if spinal is appropriate:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back Procedure Summary.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for "back evaluation", California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there is no identification why "back evaluation" would be indicated, or what is even included in "back evaluation." It appears that this is a presurgical consultation to determine what sort of anesthesia might be required for a surgical intervention. This is generally assessed by the anesthesiologist on the date of surgery. If there are extenuating circumstances, than a preoperative visit with the anesthesiologist might be required. However, this has not been clarified here. As such, the currently requested "back evaluation" is not medically necessary.