

Case Number:	CM15-0091195		
Date Assigned:	05/15/2015	Date of Injury:	09/08/2013
Decision Date:	08/11/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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: Arizona, California
 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 54 year-old female who sustained an industrial injury on 09/08/13. She reported low back pain and right knee pain status post fall. Initial diagnoses are not available. Current diagnoses include right knee pain and mechanical symptoms, right knee medial meniscus tear status post right knee arthroscopy, partial meniscectomy, and partial synovectomy 2014, lumbar spinal strain, right lumbar radiculitis, lumbar degenerative disc disease, and facet arthrosis with small disc bulging. Diagnostic testing and treatments to date have included radiographic imaging, physical therapy, aquatherapy, acupuncture, right knee surgery, and topical/oral pain medication management. Currently, the injured worker complains of right knee pain and inflammation with limited range of motion. Left knee is painful with popping and crackling. The acupuncture is not helping her back pain. Physical examination is remarkable for tender lumbar paraspinals and tender right sciatic notch; there is limited, painful range of motion with muscle guarding. The right knee is tender with painful range of motion and there is swelling. The left knee is tender at the patellar facets and joint lines. MRI of the right knee showed no tear. The injured worker had to discontinue previous aqua therapy due to bronchitis, and has gastrointestinal upset from medications. Requested treatments include referral for consultation with Internal Medicine specialty, and Range of Motion exam. The injured worker is under temporary total disability. Date of Utilization Review: 04/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Consultation with Internal Medicine Specialty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the claimant was getting follow-up every 6 weeks. The consultation for internal medicine was not specified. There was no mention of chronic medical disease that would require consultation separate from the injury related matters. The request is not medically necessary.

Range of Motion Exam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 41.

Decision rationale: According to the guidelines, range of motion/ flexibility is not specified in the knee guidelines. In the low back chapter, flexibility or range of motion is not recommended as a primary criteria. In this case, the claimant had physical therapy and range of motion was assessed for the knee during visits. Range of motion was requested at several visits without mention for repeated necessity. The continued request for range of motion examination is not medically necessary.