

Case Number:	CM15-0094522		
Date Assigned:	05/21/2015	Date of Injury:	11/12/2011
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 61 year old, female who sustained a work related injury on 11/12/11. She was pushing a resident into the dining table with her knee and injured it. The diagnoses have included chronic pain, enthesopathy of knee, knee pain and pain in limb. Treatments have included a viscosupplementation injection into right knee, physical therapy and medications. In the PR-2 dated 4/23/15, the injured worker complains of moderate to severe, worsening and persistent lower back and gluteal pain. She has pain that radiates down right leg to foot. She describes the pain as achy, deep, localized, sharp, shooting and stabbing. Her symptoms are aggravated by lying/rest, sitting, and standing and walking. She states her pain level without medications a 6/10. She rates a monthly average pain level a 7/10. She has tenderness to palpation of lumbar spine. She has painful range of motion in lower back. She has tenderness to palpation of right knee. She has painful range of motion in right knee. She is working full time for another employer. The treatment plan includes a referral to an orthopedic physician for recommendations for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion with doctor for consultation and orthopedic surgical options: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: MTUS recommends that if a complaint persists, the treating physician should reconsider the diagnosis and decide if a specialist evaluation is necessary. In this case, an initial physician review concluded that there were no findings to suggest a need for surgery and thus denied a request for a surgeon's second opinion. However, in this case the patient has had ongoing pain for over 3 years beyond that which would be anticipated for this condition. An additional opinion may help with diagnostic and treatment suggestions even if not for surgical recommendations. The request is medically necessary.