

Case Number:	CM13-0017377		
Date Assigned:	11/06/2013	Date of Injury:	10/23/2001
Decision Date:	10/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 37-year-old gentleman was reportedly injured on October 23, 2001. The mechanism of injury was noted as repetitive trauma. The most recent progress note, dated July 26, 2013, indicated that there were ongoing complaints of left knee pain and weakness. Current medications include Daypro, Ultram, Lidoderm patches, and Zantac. The physical examination of the left knee noted joint line tenderness and normal left knee range of motion. No instability was noted. Physical therapy was recommended on this date as well as a consult for podiatry. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, knee injections, surgery for a meniscal tear and orthopedic consultations. A request had been made for a pain management evaluation and was not certified in the pre-authorization process on August 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 7, 127

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):

ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS/ACOEM practice guidelines state "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." Review of the available medical records documents left knee pain rated at 4/10 and no issues with current medications. Considering this, it is unclear why there is a request for a pain management consultation. Without additional justification, this request for a Pain Management Evaluation is not medically necessary.