

Case Number:	CM13-0058642		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2006
Decision Date:	04/29/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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 California. 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:

This 54 year-old female sustained an injury on 9/14/06 while employed by [REDACTED], [REDACTED]. Request under consideration include Pain Management Consultation. Report of 1/25/13 from the orthopedic provider noted patient with complaints of right knee and right shoulder pain; knee doing well; still having right shoulder pain; injection at last visit helped very little. Past medical history include depression, hypertension, and thyroid disease. Medications list Norco, Glucosamine, Ibuprofen, Benadryl, and multi-vitamins. Exam of right knee had normal coordination and reflexes, 5/5 strength with flex/ext 0-125 degrees; homan's negative; no crepitus; well healed incision; shoulder with flex 0-160 degrees/ ER of 45 degrees; positive Hawkins. Diagnoses included right shoulder impingement/calcific tendinitis and right knee medial meniscus tear s/p previous arthroscopic surgery for medial and lateral meniscectomy and chondromalacia of medial and patellofemoral compartments. The patient was TTD for 6 weeks. Report of 10/28/13 from the provider noted patient with increased right knee and shoulder pain with diagnoses of right shoulder impingement and right knee medial meniscus tear. It was noted the patient was recently released from the hospital for renal failure and severe aortic stenosis which the patient will obtain a PCP and get the medical problems addressed. Medication for pain listed Norco quantity of #40 to be continued and will refer to pain management. Request for pain management consultation was non-certified on 11/7/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN SUFFERING AND RESTORATION Page(s): 108-115.

Decision rationale: This patient sustained an injury in September 2006 and continues to treat for chronic shoulder and knee pain. Symptoms are stable without any new trauma and she is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; she remains stable with continued chronic pain symptoms on same unchanged non-complex medication profile of single dose Norco for years. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated complaints of knee and shoulder pain currently under the care of the orthopedic provider. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The Pain Management consultation is not medically necessary and appropriate.