

Case Number:	CM13-0061074		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2011
Decision Date:	04/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a total knee arthroplasty in April 2013; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 18, 2013, the claims administrator denied a request for consultations with an internist and a psychiatrist/psychologist, using non-MTUS Chapter 7 ACOEM Guidelines. A medical-legal evaluation of October 29, 2013 is notable for comments that the applicant is on total temporary disability and has not worked since January 2012. The applicant is a former licensed vocational nurse (LVN). The applicant is described as carrying diagnoses of fibromyalgia, status post left total knee arthroplasty, and right knee chondromalacia. She was given a 30% whole person impairment rating owing to a poor result following the total knee arthroplasty procedure. On October 25, 2013, the applicant is described as having a history of depression and chronic pain syndrome status post left total knee arthroplasty. The applicant reports multifocal pain complaints, it is further noted. On September 5, 2013, the applicant is described as having ongoing issues with chronic pain, anxiety, and depression. A psychiatry consultation is endorsed as it is suggested that some of the applicant's pain complaints could represent a physical manifestation of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which proved recalcitrant to conservative management should lead a primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the employee has longstanding chronic pain issues and complaints which have proved recalcitrant to time, medications, surgical intervention, etc. Obtaining the added expertise of a physician specializing in chronic pain is therefore indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

PSYCHIATRY EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, "referral to a mental health professional is indicated" in those applicants whose symptoms become disabling despite primary care interventions or which persists beyond three months. In this case, the employee has longstanding mental health issues. The employee has failed to return to work. The attending provider has stated that there may be some psychogenic component to the employee's ongoing pain complaints. The employee is described as having a history of depression and is also described as anxious. Obtaining the added expertise of a psychiatrist is indicated and appropriate, for all the stated reasons. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.