

Case Number:	CM13-0062890		
Date Assigned:	01/17/2014	Date of Injury:	02/18/2013
Decision Date:	07/02/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in Pain 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 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 claimant is presented with 02/18/2013 date of injury. Injury resulted from the patient falling from three feet high and landed on her feet causing her right knee to buckle. She sought medical treatment and was started on pain medication and physical therapy. She eventually had anterior cruciate ligament (ACL) reconstruction and partial medial and lateral meniscectomies on 12/27/2013. Re-Evaluation report of 12/03/2013 reports the patient is complaining of pain in the right knee and low back with radiation into the legs. She states her pain is well controlled with the medication and the creams (especially the Medrox) were helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INITIAL PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines cited above state a referral may be appropriate if the practitioner is uncomfortable in treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or

agreement to a treatment plan. In this case, the medical records do not document the patients physician as being uncomfortable or unable to treat the patient. The patient has been followed by both the treating physician as well as an orthopedic surgeon and at the time of the request, she was pending an appointment for an approved right knee surgery. As well, the rationale for the requested consultation is not clearly documented. Therefore, the request for an initial pain management consultation is not medically necessary and appropriate.

POSSIBLE DETOXIFICATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Detoxification "may be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement." In this case, there is no indication in the records that the patient is experiencing any of these issues. The patient reports that current medications were helping with pain, and there was no aberrant drug behaviors documented. The request for a possible detoxification is not medically necessary and appropriate.