

Case Number:	CM13-0069175		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2007
Decision Date:	04/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 Management 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 injured worker is a 43-year-old female with a date of injury of November 1, 2007. The mechanism of injury occurred in the context as her work as a parent coordinator for a prekindergarten program. She turned and stepped on uneven ground and felt pain on her left knee. The patient has left knee pain with associated spasms and jerking. The patient has MRI of the right knee and has attended physical therapy. The patient also complained of chronic low back pain. The patient has early as February 25, 2011 was on narcotic pain medication. These specific diagnoses include left knee medial meniscus tear and the patient has had arthroscopic surgery for this. There is also bilateral chondromalacia. The disputed issue is a request for pain management consultation. A utilization review determination on December 6, 2013 had noncertified this request. The pain management consultation was deemed not medically necessary at this time because the documentation "indicates that the patient was experiencing continued left knee pain with associated swelling" and "there was nothing to suggest that the presenting complaints were not correlated to the original injury or that the severity of the impairment is not clear."

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION AND TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The California Medical Treatment and Utilization Schedule do not have specific guidelines with regard to consulting specialists. American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Second Edition states the following on page 127: "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In the case of this injured worker, there is documentation of long-standing chronic pain with need for narcotic pain medication. The patient has early as February 25, 2011 was on narcotic pain medication in the form of Norco. The patient has had knee surgery and continues with knee pain despite care for many years. As recently as May 30, 2013 the patient continues on narcotic pain medication in the form of Dilaudid. The progress notes indicate the patient still experiences pain rated anywhere from 6-9 out of 10. Given the chronic severity of the injury, as well as the need for narcotic pain medication, the request for pain management consultation is recommended for certification. Of note, chronic opiate therapy requires her guidelines ongoing monitoring of multiple factors including adverse effects, aberrant behaviors, functional activities, and analgesic efficacy which some healthcare providers are not set up to complete all these requirements in office.