

Case Number:	CM14-0002569		
Date Assigned:	05/16/2014	Date of Injury:	12/19/2003
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 42 year old male whose reported date of injury is December 19, 2003. The mechanism of injury is not described. Handwritten note dated November 11, 2013 indicates the injured worker continues to have numbness and pain in both feet, left more than right. The injured also complains of right knee pain. On physical examination right knee range of motion is 0-135 degrees. There is no effusion. There is positive medial joint line tenderness. There is positive patellofemoral crepitation and pain. Muscle strength is rated as 5/5 throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT REFERRAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 127.

Decision rationale: Based on the clinical information provided, the request for pain management referral is not recommended as medically necessary. The injured worker sustained injuries in 2003; however, there is no comprehensive assessment of treatment

completed to date or the patient's response there to submitted for review. The submitted record consists of a single handwritten note dated 11/19/13. There is no current, detailed physical examination submitted for review. The mechanism of injury is not documented. There are no imaging studies, radiographic reports or electrodiagnostic results submitted for review. It is unclear how a pain management referral will 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 as required by American College of Occupational and Environmental Medicine (ACOEM), guidelines.