

Case Number:	CM14-0003623		
Date Assigned:	01/31/2014	Date of Injury:	05/22/2008
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 05/22/2008 after a fall. The injured worker reportedly sustained an injury to his right hip and right knee. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker's treatment history included right knee surgical intervention. Physical findings included diffuse tenderness to the right knee with no evidence of instability or crepitation. The injured worker's diagnoses included right hip strain, and status post right knee surgery twice. The injured worker's treatment plan included physical therapy, an MRI of the right knee, electrodiagnostic studies of the lower extremities, computerized sensory testing, referral for a sleep study due to sleep disturbances, and referral to a pain medicine specialist due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES , TREATMENT FOR WORKER'S COMPENSATION, PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested pain consult is not medically necessary or appropriate. The ACOEM Guidelines recommend referrals for patients who are risk for delayed recovery and treating physician has exhausted all levels of treatment within their scope of practice. The clinical documentation submitted for review does indicate that the prescribing physician is requesting continued conservative and electrodiagnostic treatments. Therefore, it is unclear why additional expertise is required to assess the treatment planning. Therefore, the requested pain consult is not medically necessary or appropriate.