

<b>Case Number:</b>	CM14-0018246		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 who reported an injury on 05/04/2012; the mechanism of injury was not provided in the medical records. As per clinical noted dated 12/18/2013 the worker reported persistent pain. The injured worker was status post diagnostic and operative arthroscopy of the right knee on 03/01/2013. The physical exam of the knee showed well-healed arthroscopic portals with no effusion, range of motion was 0-100 degrees, positive patellofemoral crepitation and positive patellofemoral grind and tenderness to palpation along the medial joint line. As per the clinical note dated 02/19/2014 the injured worker reported excruciating pain with regard to the right knee, he was limping and unable to bear weight. The physical exam noted the worker's right knee showed well-healed arthroscopic portals, range of motion was 0-115 degrees. The worker underwent synvisc injections to the right knee on 08/2012, 01/2013, 06/2013 and 12/2013 and an MRI was completed on 09/05/2013. The request for authorization for the request was not submitted. The provider recommended evaluation and treatment with pain management, one visit and any other visits that may be needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EVALUATION AND TREAT WITH PAIN MANAGEMENT, ONE VISIT AND ANY OTHER VISITS THAT MAY BE NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The request for evaluation and treat with pain management one visit and any other visits that may be needed is non-certified. The injured worker reported excruciating pain to the right knee and leg. The client underwent right knee arthroscopy on 03/01/2013 which showed well healed arthroscopic portals upon physical examination. California MTUS guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The injured worker is prescribed Norco, ibuprofen and tramadol to manage his pain which is not currently managed with the medications. There is a lack of documentation of the efficacy of the prior injections. The physical exam is inconsistent with subjective findings. There was a lack of documentation of significant positive objective findings of deficits documented within the medical records; the provider noted improvement in range of motion from the clinical note dated 12/18/2013 to clinical note dated 02/19/2014. The medical necessity of each visit is determined by the prior visit; therefore, the medical necessity of the visits following the initial visit is unclear. The request did not detail the number of visits being requested. Therefore, the providers request for evaluation and treat with pain management one visit and any other visits that may be needed does not meet requirement and is not medically necessary and appropriate.