

Case Number:	CM14-0120103		
Date Assigned:	08/06/2014	Date of Injury:	03/19/2003
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Management and is licensed to practice in Georgia. 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 a 59 year old female presenting with chronic pain following a work related injury on 3/4/2009. On 8/23/2013, the claimant complained of persistent pain in the right knee with a persistent effusion with increased warmth. She also complained of constant pain in the knee which increased with weight bearing activities. The claimant also complained of low back complaints. According to the medical records, the claimant's lumbar spine condition remained permanent and stationary. The claimant is status post right partial medial and partial lateral meniscectomies and chondroplasty of the medial and patellofemoral compartments on 01/19/2010, right knee arthroscopic partial medial meniscectomy and chondroplasty on 6/30/2009, Right total knee arthroplasty, 5/18/2011, L5-S1 percutaneous nucleoplasty/discectomy, 8/15/2003. The physical exam showed persistent moderate right antalgia, persistent, moderate pain at the base of the lumbar spine, decreased sensation to light touch along the left L5 distribution, deep tendon reflexes +1/2 bilaterally at the knees and ankles, tender left sciatic notch, persistent mild spasm of the lumbar paraspinal musculature, patella compression test was positive with crepitus. A claim was made for referral to multi-specialty medical group (chronic pain program).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Evaluation with San Francisco Multi-Specialty Medical Group (Chronic Pain Program):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration Programs.

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) Pain Management, page(s) 92.

Decision rationale: Evaluation with San Francisco Multi-Specialty Medical Group (Chronic Pain Program) is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) 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 for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not meet any of the above criteria; therefore, the request is not medically necessary and appropriate.