

Case Number:	CM14-0124921		
Date Assigned:	08/11/2014	Date of Injury:	05/11/2011
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55-year-old female with complaints of knee pain. The date of injury is 5/11/11 and the mechanism of injury is fall injury from a chair resulting in her current symptoms. At the time of request for consultation and treatment with pain management specialist for 20 visits, there is subjective complaint of knee pain. Objective findings included tenderness over the parapatellar area and crepitation with extension. Imaging findings included x-rays total knee arthroplasty, magnetic resonance imaging (MRI) left knee medial meniscal tear, bone edema, loose body anterior and posterior compartments. Current diagnoses include osteoarthritis knee and status post (s/p) knee replacement. Treatment to date includes surgeries, medications, and physical therapy. As documented in the medical records, this patient has intractable knee pain that appears to be beyond the scope of the managing doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Visits Consultation and treatment with Pain Management Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain overview Page(s): 1-9.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, as quoted " a comprehensive multi-disciplinary approach to pain management that is individualized, functionally oriented, and goal specific" and also "A patient suffering from intractable chronic pain and who has failed a chronic pain program should have access to proper treatment of his/her pain". As documented in the medical records, this patient has intractable knee pain that appears to be beyond the scope of the managing doctor. Therefore, this patient would benefit from consultation and treatment with a pain management specialist and would be medically necessary.