

Case Number:	CM14-0025279		
Date Assigned:	06/11/2014	Date of Injury:	02/28/2012
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Surgery and is licensed to practice in California. 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:

This 39-year-old male cook sustained an industrial injury 2/28/12 relative to a fall. The 5/25/12 left knee MRI documented a medial meniscus tear of the left knee. Conservative treatment, including medications, injections, activity modification, TENS unit, and physical therapy failed to improve symptoms. The 12/23/13 treating physician report cited extreme left knee pain that was worsening. Difficulty was noted with any walking activities and sleeping. Left knee diagnostic and operative arthroscopy with meniscectomy was recommended. Medications were prescribed for as needed use including Norco 10/325 mg #30 and ibuprofen 800 mg #60. The 2/3/14 pre-operative treating physician report cited a large amount of left knee pain. Daily use of Norco and ibuprofen was only mildly alleviating his symptoms. Previous Kenalog injections did not alleviate symptoms. The patient was ambulating with an antalgic gait and reported significant difficulty in activities of daily living. Left knee exam findings documented range of motion 0-130 degrees, positive patellofemoral crepitation, positive McMurrays, positive Apleys, medial joint line pain, trace effusion, and 4/5 strength. The patient was diagnosed with a medial meniscus tear of the left knee and arthroscopic surgery was scheduled for 4/4/14. The treatment plan documented refills of prescriptions for Norco and ibuprofen. The treating physician noted that the patient would not be able to stop opioid daily use before surgery and had been dealing with chronic pain for 2 years. Referral to pain management was recommended as the patient would need further specialty help with regard to opioid pain management use pending surgery. The 2/19/14 utilization review denied the request for pain management as the patient was scheduled to undergo surgical intervention.

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: Decision based on MTUS ACOEM Page(s): 306.

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) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: Under consideration is a request for referral to pain management. The California ACOEM guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have not been met. This patient is using opioid pain medication on a daily basis in a limited quantity for worsening left knee pain. Surgical intervention has been scheduled. The prescription of this medication is within the armamentarium of the orthopedic surgeon and surgery is scheduled in 2 months. There is no compelling reason to support the medical necessity of referral to a pain management specialist during this interim period. Therefore, this request for referral to pain management is not medically necessary.