

<b>Case Number:</b>	CM14-0026169		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Texas. 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 54-year-old male who reported an injury 10/02/2012. The mechanism of injury was not provided within the medical records. The clinical note, dated 01/03/2014, indicated diagnoses of history of industrial injury to the bilateral knees and right ankle, dated 10/02/2012. MRI (magnetic resonance imaging) studies of the right knee, dated 09/23/2012, revealing medial meniscal tear and MRI of the right ankle, dated 10/16/2012, revealing avascular necrosis of the talus with partial collapse of the talar dome. The injured worker reported the right knee continued to be symptomatic. The injured worker reported he used a scooter for ambulation. The injured worker reported clicking, catching, popping, and locking, although he reported they have decreased recently. The injured worker is non-weightbearing of the right lower extremity. The injured worker reported difficulty sleeping at night. He had been on Ambien for an extended period of time. However, he reported it was not working. On physical examination of the right ankle the injured worker was wearing a boot and used scooter for ambulation. Examination of the right knee revealed medial joint line tenderness with a positive McMurray's and a positive Apley's Compression Test, The injured worker's range of motion was 0 to 125 degrees with notable muscle atrophy in the quadriceps and hamstrings and weakness of 3+ with flexion and extension. The injured worker's prior treatments included diagnostic imaging, surgery, home exercises, and medication management. The injured worker's medication regimen included Vicodin, ibuprofen, and Ambien. The provider submitted request for referral to pain management for evaluation. A Request for Authorization, dated 02/07/2014, was submitted for referral to pain management physician. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management for evaluation/treatment at Synovation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The request for for referral to pain management for evaluation/treatment at Synovation is non-certified. The California Chronic Pain Medical Treatment Guidelines state if complaints persists, the provider needs to reconsider the diagnosis and decide whether a specialist is necessary. The documentation submitted did not discuss failure of oral medications for pain control or the need for interventional pain management. In addition, there is lack of evidence that the injured worker is in need for pain management of his oral medications. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request referral to pain management for evaluation/treatment at Synovation is non-certified.