

Case Number:	CM14-0039500		
Date Assigned:	06/27/2014	Date of Injury:	11/27/1995
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 52-year-old who reported an injury on November 27, 1995 caused by an unspecified mechanism. The injured worker's treatment history included Orthovisc injections. The injured worker was evaluated on February 21, 2014 and it was documented the injured worker complained of referable back pain, right knee, leg, and foot pain. Within the documentation, it was noted the injured worker had undergone 6 weeks of Orthovisc injection to his right knee, and reported that the injections did not help. It was noted he had increased right knee pain. He noted that he also had increased pain his back, as well. He was not currently taking ibuprofen for pain, and noted that he had increased his Motrin that was not helping to alleviate his pain. He was requesting for a stronger pain medication. Provider noted the injured worker was seen by pain management and was awaiting for lumbar epidural steroid injections. Physical examination revealed right knee mild swelling. Range of motion was painful and limited. Palpation calf was soft and non-tender and the right knee had diffuse tenderness. Diagnoses included HNP lumbar spine with radicular pain and right knee DJD. Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering and the Restoration of Function, Chapter 6, Page 114 and Chapter 7 Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG) Pain (Chronic), Office Visits.

Decision rationale: The request for pain management consultation is non-certified. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted February 21, 2014 indicated that the injured worker Motrin was not helping him with his pain and he was requesting for pain medications daily activities of living, however there was lack of outcome measurements listed such as physical therapy measures and home exercise regimen. In addition, the documents failed to indicate longevity of medication usage for the injured worker there is lack of documentation of long-term goals regarding functional improvement. In addition, the request lacked frequency and duration of sessions for the injured worker. Given the above, the request for pain management consult for bilateral knees is not medically necessary or appropriate.