

Case Number:	CM14-0060436		
Date Assigned:	09/03/2014	Date of Injury:	01/03/2013
Decision Date:	11/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/01/2014

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 Internal Medicine and Pulmonary Disease 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:

The injured worker is a 60-year-old male who reported a date of injury of 01/03/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of status post arthroscopic repair with postoperative internal derangement (left knee), talofibular ligament tear with tenosynovitis of the left ankle, and facet syndrome of the lumbar spine. Prior treatments included injections. The injured worker had an x-ray of the left knee of unknown date with an unofficial report indicating severe medial compartment osteoarthritis with a 1 mm joint space in the medial compartment; EMG/NCV on 12/12/2013 with an official report indicating there was no evidence of lumbar radiculopathy bilaterally, there was axonal polyneuropathy, and bilateral neuralgia paresthetica. Prior surgeries included an arthroscopic repair of the left knee of unknown date. The injured worker had complaints of low back pain that radiated into the left lower extremity, causing sharp pain when standing for prolonged periods of time, and rated the pain 7/10. Severe and constant left knee pain, rated 7/10, and complaints of left ankle pain, which he described as a sharp pain rated 4/10. The clinical note dated 03/26/2014, noted the injured worker had decreased range of motion of the lumbar spine, a positive straight leg raise, positive Yeoman's and Erichson's tests, positive sciatic notch on the left, positive Patrick's(Faber), and loss of sensation at the L5 nerve distribution on the left. The injured worker had pain upon palpation of the patella, medial/lateral stress and Lachman's tests were positive in the left knee, crepitus of the left ankle was elicited upon active and passive range of motion. Medications were not included within the medical records received. The treatment plan included the physician's recommendation for pain management follow-up following the authorized arthroscopic repair of the left knee that was to be performed on 04/07/2014. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult: Pain Management Follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, Ch 7

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

Decision rationale: The request for Consult: Pain Management Follow-Up is not medically necessary. The injured worker had complaints of low back pain that radiated into the left lower extremity, causing sharp pain when standing for prolonged periods of time, and rated the pain 7/10. Severe and constant left knee pain, rated 7/10, and complaints of left ankle pain, which he described as a sharp pain rated 4/10. The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. However, there is a lack of documentation indicating the injured worker was previously examined by a pain management specialist for which the request states. Furthermore, the guidelines state office visits should be based on patient concerns, sign and symptoms, clinical stability and reasonable physician judgment. However, the request as submitted was for pain management consult after the injured worker underwent an arthroscopic repair surgery. The injured worker's pain is not predictable to determine the necessity of future pain management. As such, the request is not medically necessary.