

<b>Case Number:</b>	CM14-0192434		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/19/1998
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Rehab 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 57 year-old patient sustained an injury on 2/19/1998 from stepping back and tripping on an air hose while employed by [REDACTED]. Request(s) under consideration include 1 evaluation with [REDACTED]. Diagnoses include pain in limb s/p multiple right knee surgeries including ACL reconstruction and lateral ligament repairs. Conservative care has included medications, therapy, bracing, Hyaluronic injections, and modified activities/rest. The patient failed conservative care and was authorized for total knee arthroplasty for osteoarthritis with post-op therapy, DME and medical clearance on 5/18/13. The patient has received treatment and care by orthopedist and pain management providers. The patient continues to treat for chronic ongoing pain. Reports of 5/30/14, 8/18/14, and 10/16/14 from the provider noted unchanged continued right knee pain rated at 9/10. Exam showed unchanged findings of right knee restricted range in all planes with pain on motion; guarded; positive knee varus/valgus stress testing and negative anterior/posterior drawer tests. Treatment plan included referral to pain management. The request(s) for 1 evaluation with [REDACTED] was non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 evaluation with [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007 page 56

**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) Chapter 7- Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Per the records, symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. Per guidelines, if a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses. However, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged non-complex medication profile. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated complaints of knee pain currently under the care of the orthopedic provider. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The 1 evaluation with [REDACTED] is not medically necessary and appropriate.