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| Case Number: | CM14-0194719 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 03/21/2008 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 58 year old female with an injury date of 03/21/08. Based on the 08/11/14 progress report, the patient complains of constant bilateral knee pain. He uses a cane regularly, walks with an antalgic gait, and can tolerate walking for 20-25 minutes. He has cramping and is positive for swelling. The patient has crepitus, right greater than left, and has tenderness in the medial and lateral part of the knee. The 10/03/14 report states that the patient continues to have bilateral knee pain and it is becoming harder for the patient to walk. The 10/31/14 report indicates that the patient rates her pain as a 4-5/10. The patient is currently taking Norco. He is currently not working. On 09/19/14, the patient had an ultrasound guided injection into the left knee. On 10/03/14 and 10/17/14, the patient had an ultrasound guided injection into the right knee. The patient's diagnoses includes the following: 1.s/p right knee arthroscopy with subsequent DVT right calf 2.tear of medial meniscus left knee 3.cumulative tear left medial meniscus 4.moderate to severe medial compartment OA bilateral The utilization review determination being challenged is dated 11/10/14. Treatment reports were provided from 08/11/14- 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management for medication management: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: According to the 10/31/14 report, the patient presents with bilateral knee pain. The request is for pain management for medication management. The rationale is that "in terms of pain management, the claimant is tolerating Norco. The Norco is efficacious and the medical necessity for a consultation to aid in the diagnosis and prognosis or even therapeutic management is not apparent. The medication is being tolerated. There is no clear rationale as to why pain management would be required." ACOEM, page 127, states "The occupational health practitioner may refer to other specialists if a diagnosis is not certain or extremely complex, when psychosocial factors are present, and when the plan or course of care may benefit from additional expertise." MTUS page 8 also require that the physician provide monitoring of the patient's progress and make appropriate recommendations. The patient is currently taking Norco. This patient suffers from chronic pain and medication management appears reasonable. The requested pain management for medication management is medically necessary.