

Case Number:	CM15-0133956		
Date Assigned:	07/23/2015	Date of Injury:	08/23/2012
Decision Date:	08/19/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 is a 50 year old male with an August 23, 2012 date of injury. A progress note dated May 15, 2015 documents subjective complaints (able to continue working but with considerable discomfort; history of knee pain), objective findings (trace effusion of the left knee; pain to palpation of the lateral joint line; full range of motion), and current diagnoses (tear of the lateral meniscus of the knee; contusion of the leg; primary osteoarthritis of the left leg; unspecified disorder of the muscle, ligament, and fascia; sciatica). Treatments to date have included Synvisc injections which did provide some relief, knee bracing, x-ray of the knees (May 15, 2015; showed severe degenerative changes in the lateral compartment of the left knee with near bone-on-bone arthritis in the lateral compartment), and medications. The treating physician documented a plan of care that included consultation and treatment with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 80. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of ongoing pain that have failed treatment by the primary treating physician. Therefore criteria for a pain management consult have been met and the request is certified. Therefore, the requested treatment is medically necessary.