

Case Number:	CM15-0138554		
Date Assigned:	07/28/2015	Date of Injury:	07/13/2012
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year-old male, who sustained an industrial injury on 07/13/2012. He has reported injury to the left knee. The diagnoses have included knee pain; osteoarthritis of knee; fracture of tibia; left lower extremity neuropathy; degeneration of lumbar intervertebral disc; depressive disorder; chronic pain syndrome; status post left knee surgery, on 07/13/2012; and status post left total knee replacement, on 09/04/2014. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, pain psychology, and surgical intervention. Medications have included Tramadol, Diclofenac 3% topical gel, Gabapentin, Colace, and Lexapro. A progress report from the treating physician, dated 06/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued significant left lower extremity pain radiating into the low back; he has made gains from outpatient physical therapy, but still remains at a low functional level as evidence by the reports and physical therapy documenting difficulties getting up from the floor and weakness in the left lower extremity; he has finished pain psychology and has made some progress, but is still dealing with significant depression and anxiety; and continues to have pain with any weight-bearing. Objective findings included his surgical scars are well-healed; his gait remains slightly antalgic favoring his left lower extremity; he has crepitus in both knees, left greater than right; and his left knee continues to have swelling and tenderness with numbness in multiple peripheral nerves distal to the knee. The treatment plan has included the request for 1 day interdisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Day interdisciplinary pain management evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section, Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation. The medications he is being prescribed includes Tramadol, Diclofenac 3% topical gel, Gabapentin, Colace, and Lexapro. Additionally, the available documentation states that the injured worker is making gains with physical therapy. The request for 1 day interdisciplinary pain management evaluation is determined to not be medically necessary.