MAXIMUS Federal Services

Case Number:	CM15-0144412		
Date Assigned:	08/05/2015	Date of Injury:	05/03/2012
Decision Date:	08/31/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 51 year old male, who sustained an industrial injury, May 3, 2012. The injured worker previously received the following treatments Percocet, Norco, Left knee MRI and left knee x-rays. The injured worker was diagnosed with osteoarthritis medial meniscus tear. According to progress note of June 9, 2015, the injured worker's chief complaint was left knee. The injured worker described the pain as severe which had worsened since the last visit which was mild. The physical exam noted abnormal muscular with altered gait and postural limb. The injured worker was favoring the left lower extremity. The injured worker had a normal mood and affect. The treatment plan included referral for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to a pain management specialist for consultation only: 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), Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for left knee pain. Treatments have included physical therapy and medications including opioid medication which was discontinued after failing to comply with a urine drug test. There had been consideration of knee surgery. An epidural injection had been recommended. When seen, he was having severe pain which had worsened from the previous visit where it had been mild. He was having muscle pain. Physical examination findings included an antalgic gait. His BMI was nearly 34. He was continued at of work. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing chronic pain and has not returned to work. Prior treatments have included opioid medication with possible evidence of medication misuse and, at one point, an epidural steroid injection was recommended. Requesting a referral to pain management for recommendations for further treatment is appropriate and medically necessary.