

<b>Case Number:</b>	CM15-0168493		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 58-year-old female who sustained an industrial injury on 12-9-10. The injured worker reported pain in the bilateral knee, neck, back and shoulder areas. A review of the medical records indicates that the injured worker is undergoing treatments for a cervical spine myoligamentous sprain-strain, lumbar spine myoligamentous sprain-strain, lumbar degenerative disc disease, bilateral shoulder rotator cuff strain, chronic pain syndrome, early degenerative joint disease right knee and early degenerative joint disease with possible loose body left knee. Medical records dated 6-19-15 did not indicate a pain rating. Provider documentation dated 6-19-15 noted the work status as temporary totally disabled. Treatment has included bilateral knee radiographic studies (11-5-14), bilateral knee magnetic resonance imaging (6-18-13), lumbar spine magnetic resonance imaging (4-22-14), and bilateral knee Monovisc hyaluronate injection (3-13-15). Objective findings dated 6-19-15 were notable for decreased cervical and thoracic range of motion with increased pain, pain upon palpation to the subacromial bursa and subdeltoid bursa bilaterally, bilateral elbow with evidence of heat, swelling and inflammation, lumbar spine with moderate tenderness to the lumbar paravertebral muscles and decreased range of motion. The original utilization review (7-29-15) denied a retrospective consultation with a pain management specialist for the bilateral knees date of service 6-19-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Consultation with a pain management specialist for the bilateral knees DOS: 6/19/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7, page 127.

**Decision rationale:** The patient presents on 06/09/15 with unrated pain in the bilateral knees, neck, back and shoulders. The patient's date of injury is 12/09/10. Patient has no documented surgical history directed at these complaints. The request is for RETROSPECTIVE CONSULTATION WITH A PAIN MANAGEMENT SPECIALIST FOR THE BILATERAL KNEES DOS 06/19/15. The RFA was not provided. Physical examination dated 06/09/15 reveals tenderness to palpation of the cervical paravertebral muscles, upper trapezius, interstapular region, subacromial bursa bilaterally, and lumbar paraspinal musculature. The provider also notes positive patellar compression test and crepitus in the bilateral knees. The patient's current medication regimen is not provided. Patient is currently classified as temporarily very disabled. ACOEM Guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. About the retrospective request for a consultation with a pain management provider, the referral is appropriate. Progress reports provided indicate that a pain specialist for her chronic pain sees this patient regularly. This patient presents chronic pain in her cervical spine, lumbar spine, bilateral shoulders, and bilateral knees. Utilization review denied this request on the grounds that: "There is no rationale provided to what expertise a pain management specialist can provide for osteoarthritis of the knees beyond what could be provided by an orthopedic surgeon." However, ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could produce benefits for this patient regardless of her particular condition. Therefore, the request IS medically necessary.