

Case Number:	CM15-0197307		
Date Assigned:	10/12/2015	Date of Injury:	07/03/2012
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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 65 year old female with an industrial injury dated 07-03-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right knee degenerative joint disease, right knee status post arthroscopic partial medial and lateral meniscectomy with chondroplasties of the medial and patellofemoral compartments with removal of loose body, left ankle status post avulsion fracture of the medial malleolus, and history of heroin addiction, currently on methadone. In a progress report dated 08-25-2015 the injured worker reported right knee pain. Current medications include Tramadol and methadone. Objective findings revealed (08-25-2015) revealed moderately antalgic gait with a shortened stance phase on right, right knee range of motion 0 to 130 degrees, trace effusion, and mild crepitus in the medial and patellofemoral compartments. Treatment plan included right knee replacement authorization and pain management consult. According to the progress note dated 09-02-2015, the injured worker presented for follow up. Objective findings (09-02-2015) revealed moderately antalgic gait with pain in the knee and use of cane for ambulation. X-ray of the right knee dated 08-25-2015 revealed no evidence of acute right knee osseous injury and moderate to severe medial compartment osteoarthritis. Treatment has included diagnostic studies, prescribed medications, physical therapy, bracing, cortisone injections, and periodic follow up visits. The injured worker is permanent and stationary. The treating physician prescribed services for consultation with a pain management specialist. The utilization review dated 09-09-2015, non-certified the request for 1 consultation with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with a pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ACOEM Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Outpatient pain rehabilitation programs may be considered medically necessary when previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, and the injured worker has a significant loss of ability to function independently resulting from the chronic pain. Additionally the injured worker should not be a surgical candidate. In this case, the treatment plan includes right knee replacement, therefore, the request for 1 consultation with a pain management specialist is not medically necessary.