MAXIMUS Federal Services

Case Number:	CM15-0205312		
Date Assigned:	10/22/2015	Date of Injury:	08/26/2015
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania, Ohio, 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 32 year old male, who sustained an industrial injury on 8-26-15. The documentation on 9-8-15 noted that the injured worker has taken off his knee immobilizer and has been bending the knee, saying it doesn't hurt that much and wanting to be released back to work. Knee examination noted minimal anterior tenderness but quite swollen and the injured worker was asked not to flex the knee. The documentation on 9-18-15 noted that the injured worker has complaints of right knee aching pain that is cold and numbness sensation. The injured worker rates his pain at an 8 to 9 out of 10 on the pain scale. The injured worker reports popping in his right knee and he is unable to bend or squat due to the splint and pain. Sitting, standing, and walking for long periods of time will increase his pain and numbness. There is tenderness to palpation throughout the patella and there is pain with range of motion with flexion 100 and extension 0. Right knee X-ray on 9-8-15 revealed comminuted fracture of the patella with increasing diastases of the fracture line for the medial inferior fragment. The diagnoses have included comminute fracture of the right patella. Treatment to date has included knee splint; crutches; ibuprofen; knee splint and ice help alleviate the swelling in the knee. The original utilization review (10-6-15) non-certified the request for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic pain disorder; Section: Therapeutic procedures, non-operative) 4/24/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. A pain management consultation may be helpful when all first-line options for diagnosis and treatment have been exhausted. This is a relatively recent injury in which very little diagnostic evaluation or initial conservative care appears to have been implemented. In particular, musculoskeletal diagnostic consultation options (orthopedics, PM&R, and/or rheumatology, as appropriate) appear to be indicated prior to treating this as a primary pain condition. Therefore, this request is not medically necessary.