

Case Number:	CM15-0210538		
Date Assigned:	10/29/2015	Date of Injury:	08/13/2012
Decision Date:	12/17/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old male with an industrial injury dated 08-13-2012. A review of the medical records indicates that the injured worker is undergoing treatment for left knee internal derangement and lumbago. In a progress report dated 03-04-2015, the injured worker presented with no improvement in his symptoms. The injured worker reported bilateral knee pain. Documentation (03-04-2015) noted that the treating physician recommended right total knee replacement two months prior. Physical exam (03-04-2015) revealed tenderness to palpitation over the lumbar paraspinal musculature, diminished sensation over L5 dermatomes, positive Apley's sign of the left knee, and tenderness to palpitation of the bilateral knee. According to the progress note dated 04-15-2015, the injured worker presented for follow up evaluation. Documentation (04-15-2015) noted that a left knee arthroscopy was recommended six weeks prior to visit. Physical exam (04-15-2015) revealed diminished sensation over L5 dermatomes, positive Apley's sign of the left knee, and tenderness to palpitation of the bilateral knee. The treating physician's assessment was lumbar radiculopathy and bilateral knee internal derangement. MRI of lumbar spine report dated 03-18-2015 revealed endplate sclerotic changes, 1-2mm broad based posterior disc protrusion at L3-L4 without evidence canal stenosis or neural foraminal narrowing; 2mm broad based posterior disc protrusion at L4-5 without evidence of neural foraminal narrowing, facet joint hypertrophy and posterior annular tear at L5-S1. MRI of left knee report dated 02-18-2015 revealed globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. Treatment has included MRI of lumbar spine dated 03-18-2015, MRI of left knee dated 02-18-2015, prescribed medications, psychotherapy and periodic follow up visits. The utilization review dated 10-15-2015, non-certified the request for transfer of care to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: The claimant is a 55year-old male with a date of injury of 8/13/12. The diagnosis is internal knee derangement with chronic knee pain. The request is to transfer care to a pain management specialist. ACOEM, chapter 7 guidelines, state that a referral may be to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/pr the examinee's fitness to return to work. In this case, there is no indication that the treating physician has exhausted diagnostic testing and medical treatment within their scope of practice. In addition, a prior certification for diagnostic arthroscopy of the knee was noted. , however clarification is needed whether or not the certified procedure was performed. There is also no recent clinical evaluation in the records submitted. Further, the specific treatment modalities requiring transfer of care to a pain management specialist are not noted. Therefore, the request is not medically necessary or appropriate.