

<b>Case Number:</b>	CM15-0212442		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	05/01/2005
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56 year old male, who sustained an industrial injury on 5-1-2005. The injured worker is undergoing treatment for: lower leg joint pain, hypertension, diabetes, and chondromalacia of patella. On 5-19-15, and 7-20-15, he is reported as being seen for a recheck. No subjective complaints are documented. On 9-21-15, he is reported as stating there are no changes. No other subjective findings with regard to his injury are noted. Physical examination revealed him to be in no acute distress, lateral knee edema on the right, tenderness of the anterior lateral joint line of the right knee, decreased strength of the right lower extremity and restricted right knee range of motion and antalgic gait, mood and affect depressed, mood and affect anxious, apprehensive, tense and mood and affect agitated. His pain level is rated 3 out of 10 and pain described as aching. The treatment and diagnostic testing to date has included: medications. Medications have included: Ultram ER and Cyclobenzaprine. Current work status: noted as per primary treating physician. The request for authorization is for: one consultation with Internal Medicine. The UR dated 10-8-2015: non-certified the request for one consultation with Internal Medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 consultation with internal medicine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing knee pain. This documentation described no symptoms or findings requiring this type of specialty medical care, and there was no discussion detailing the reason this consultation would be helpful that was sufficient to support this request. In the absence of such evidence, the current request for an evaluation by an internal medicine specialist is not medically necessary.