

Case Number:	CM15-0214570		
Date Assigned:	11/04/2015	Date of Injury:	08/18/2015
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/01/2015

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: Texas, Illinois

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 26 year old male who sustained an industrial injury on 08-18-2015 to the right knee. A review of the medical records indicates that the injured worker is undergoing treatment for right knee strain. Initial X-rays on 08-20-2015 noted proximal tibial irregularity without acute fracture or dislocation. The injured worker has a history of Blount's disease and underwent surgical fixation of the bilateral tibias in 2003-2004 with a sport injury occurring in 2011 to the right medial knee. The injured worker stated a baseline pain level of 2-4 out of 10 since that non-industrial injury. According to the treating physician's progress report on 09-23-2015, the injured worker experiences right knee pain with a locking and instability sensation. The injured worker rated his current pain at 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation over the medial and lateral joint lines with positive mild to moderate crepitus. There was a mild joint effusion on ballottement. A painful click was noted on extension motion. Drawer, Lachman's, varus and valgus tests were negative. Flexion was limited by pain to 100-110 degrees. Full extension was achieved with mild pain at end range of motion. McMurray's test was not completed due to pain. The injured worker is using a single crutch for ambulation. Prior treatments have included diagnostic testing, neoprene support brace, ice, crutches, modified work and medications. The injured worker had an initial pain management evaluation on 10-15-2015. Current medication was listed as Ibuprofen. Treatment plan consists of right knee magnetic resonance imaging (MRI); begin authorized physical therapy and the current request for pain medicine consultation regarding right knee chronic pain. On 10-20-2015 the Utilization Review determined the request for pain medicine consultation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain medicine consultation regarding chronic pain, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2004, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The injured worker sustained a work related injury on 08-18-2015. The medical records provided indicate the diagnosis of right knee strain. Treatments have included neoprene support brace, ice, crutches, modified work and medications. The medical records provided for review do not indicate a medical necessity for Pain medicine consultation regarding chronic pain, right knee. The medical records indicate the injured worker has been approved for physical therapy; a request has been made for MRI right knee but the outcome of the physical therapy and MRI is not known. It is not medically necessary for the injured worker to be referred for pain medicine without documentation of failed conservative treatment. The MTUS recommends the clinician provides appropriate medical evaluation and treatment adhering to conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Therefore, pending on documentation of failed conservative treatment, a referral to a different provider is not medically necessary.