

Case Number:	CM15-0215061		
Date Assigned:	11/04/2015	Date of Injury:	11/01/2002
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: Emergency 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 11-01-2002. A review of the medical records indicates that the worker is undergoing treatment for chronic pain due to trauma, fracture of lower end of femur and ankle fusion. Treatment has included pain medication, massage and surgery. Subjective complaints on 07-24-2015 included moderate to severe left knee and leg pain. Objective findings showed moderate pain with range of motion of the cervical, thoracic and lumbar spine, bilateral shoulders, elbows, hands, hips, knees and feet. Subjective complaints (08-21-2015 and 09-22-2015) included left knee and left ankle pain rated as 3 out of 10 with medications, 7-9 out of 10 without medications and average pain rating of 3. Pain was noted to be well controlled with pain medication. Objective findings (08-21-2015) showed mild pain with range of motion of the right shoulder, moderate pain with range of motion of the left knee and ankle and hypoesthesia of the medial aspect of the left knee. Objective findings (09-22-2015) included mild pain with range of motion of the left knee and ankle and hypoesthesia on the medial aspect of the left knee on the lateral side of a surgical scar. The physician noted that the worker would be seen for a follow up visit in one month. A utilization review dated 10-22-2015 non-certified pain management 6 office visits (one per month x 6 months) for the left ankle and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management 6 office visits (one per month x6 months) for the left ankle and left knee:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

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

Decision rationale: The requested Pain management 6 office visits (one per month x6 months) for the left ankle and left knee is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has moderate pain with range of motion of the cervical, thoracic and lumbar spine, bilateral shoulders, elbows, hands, hips, knees and feet. Subjective complaints (08-21-2015 and 09-22-2015) included left knee and left ankle pain rated as 3 out of 10 with medications, 7-9 out of 10 without medications and average pain rating of 3. Pain was noted to be well controlled with pain medication. Objective findings (08-21-2015) showed mild pain with range of motion of the right shoulder, moderate pain with range of motion of the left knee and ankle and hypoesthesia of the medial aspect of the left knee. Objective findings (09-22-2015) included mild pain with range of motion of the left knee and ankle and hypoesthesia on the medial aspect of the left knee on the lateral side of a surgical scar. The treating physician has not documented the medical necessity for additional pain management visits beyond one session. The criteria noted above not having been met, Pain management 6 office visits (one per month x6 months) for the left ankle and left knee is not medically necessary.