

Case Number:	CM15-0037474		
Date Assigned:	03/05/2015	Date of Injury:	06/22/2014
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 59-year-old female who sustained an industrial injury on 6/22/14. The injured worker reported symptoms in the neck, shoulders, back and lower extremities. The diagnoses included cervicalgia, sprains and strains of lumbar region, sprains and strains of knee and leg, sprains and strains of shoulder and upper arm. Treatments to date include activity modification and physical therapy. In a progress note dated 1/15/15 the treating provider reports the injured worker was with "tender to palpation trapezium area. Straight leg raise positive for leg pain on the right".

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation for knee per 1/15/15 Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127.

Decision rationale: This patient presents with a date of injury of 06/22/2014 and complaints of neck, bilateral shoulder, mid back, low back, and bilateral knee pain. The current request is for pain management evaluation for knee per 01/15/2015 qty 1. The American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work." The utilization review denied the request stating that the treating physician is an orthopedic surgeon and "should be able to manage the patient's knee complaints." Examination of the knees revealed decreased range of motion and effusion in the left knee. Range of motion was decreased and McMurray's test produced pain in the medial left knee. The patient's medication regimen includes diazepam 5 mg, Naprosyn 500 mg, Lantus 100 units, metformin HCL. In this case, given the patient's continued complaints of pain and medication intake, a referral to a pain management specialist for evaluation is supported by ACOEM Guidelines. This request is medically necessary.