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| Case Number: | CM15-0046188 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 11/03/2010 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/24/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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: 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 61-year-old male, with a reported date of injury of 11/03/2010. The diagnoses include status post right total knee arthroplasty, low back strain, lumbar radiculopathy, chronic pain syndrome, lumbar degenerative disc disease with left-sided radicular symptoms, and lumbar sprain/strain. Treatments to date have included a cane, oral medications, an x-ray of the right knee, physical therapy, an x-ray of the lumbar spine, an MRI of the right knee, right knee arthrotomy and patellar realignment with lateral release and lateral facetectomy, two cortisone injections, two sessions of physical therapy, and medications. The progress report dated 02/18/2015 indicates that the injured worker complained of low back pain and knee pain. He rated the back pain 7 out of 10. The objective findings include decreased painful lumbar range of motion. The medical report dated 01/22/2015 indicates that the injured worker complained of low back pain, with radiation to the left leg down to the knee. He rated his pain 7-9 out of 10. The objective findings include normal lumbar lordosis, tenderness with palpation in the lumbopelvic region bilaterally, decreased range of motion, swelling of the right knee, and a positive supine straight leg raise test. The treating physician requested an ongoing pain management treatment with a physical medicine and rehabilitation (PM&R) specialist. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing pain management treatment with PM&R: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This request for ongoing pain management treatment with PM&R does not specify any information regarding the number of visits or types of treatments to be provided by PM&R. Each medical visit and each treatment must be evaluated for medical necessity. Utilization review recommended the certification for one additional follow-up to address plan of care and treatment options. Medical necessity of this request as it is written has not been established within the recommendations of the MTUS Guidelines. The request for ongoing pain management treatment with PM&R is determined NOT to be medically necessary.