

<b>Case Number:</b>	CM15-0049810		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 8, 2012. In a utilization review report dated March 13, 2015, the claims administrator apparently failed to approve requests for a transfer of care to a pain management specialist and also failed to approve a request for a medical exercise program for the knee. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination and, furthermore, mislabeled as originating from the MTUS. A progress note of March 4, 2015 was also referenced. On said March 4, 2015 progress note, the applicant reported ongoing complaints of knee and low back pain. The applicant was given a knee corticosteroid injection. The applicant was given a rather proscriptive 20-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's complete medication list was not detailed. Norco and Flexeril were endorsed, along with a transfer of care to a pain management specialist and an exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to pain management specialist for left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for transfer of care to a pain management specialist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), an orthopedic knee surgeon, seemingly suggested that there is little to offer the applicant from a surgical perspective and suggested that the applicant and/or claim might be better served were the applicant to transfer care to a physician specializing in chronic pain. Therefore, the request was medically necessary.

**Medical exercise program for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** Conversely, the request for a medical exercise program for the knee was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon a prescribing provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, the attending provider did not clearly state treatment goals. It was not clearly stated what was proposed. It was not clearly stated what precisely the 'medical exercise program' entailed. It was not clearly stated whether the request represented a gym membership or a request for physical therapy. Therefore, the request was not medically necessary.