

Case Number:	CM15-0054844		
Date Assigned:	03/30/2015	Date of Injury:	08/04/2009
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 52 year old female, who sustained an industrial injury on 08/04/2009. She has reported subsequent right knee pain and was diagnosed with right knee internal derangement. Treatment to date has included oral pain medication, physical therapy and a cortisone injection. In a progress note dated 02/11/2015, the injured worker complained of constant right knee pain that was rated as 5-8/10. Objective findings were notable for palpable tenderness and crepitation of the right patellofemoral joint, right medial and lateral joint margins and pain with range of motion. A request for authorization of internal medicine consult with an MPN physician for pharmacological management was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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), 2nd Edition, (2004) page 127.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Internal medicine consultation. The treating physician report dated 2/11/15 (53B) states, "(The patient) has been authorized to undergo an internal medicine consultation with an MPN physician for pharmacological management. She will be referred to "for the consultation." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. An "Appeal to Utilization Review Determination" letter dated 3/11/15(38B) states, "(the patient) has had two prior surgeries to her right knee and a recent MRI notes residual pathology that would warrant further surgical intervention." The letter goes on to note that the current request for an internal medicine consultation was authorized on 10/02/14. In this case, the treating physician is recommending the patient to another specialist and has stated that the patient would benefit from additional expertise. Therefore the requested treatment is medically necessary.