

Case Number:	CM14-0214601		
Date Assigned:	01/07/2015	Date of Injury:	01/25/2011
Decision Date:	02/23/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 33-year-old man with a date of injury of January 25, 2011 while working as a probation officer. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are left knee injury; status post left knee arthroscopy on February 3, 2012; and Synvisc One injections on May 2012, March 2013, February 2014, and November 2014. Pursuant to the progress reports dated November 17, 2014, the IW has continued complaints of left knee pain. The IW was provided a Synvisc injection during the office visit. The last injection in February of 2014, which lasted 4 to 5 months. Examination of the left knee shows well-healed arthroscopic portals with positive crepitus and grind. There was pain with patellofemoral compressions. Range of motion was to 1-125 degrees. The IW was recommended to start Tramadol and Flexeril. The treating physician reports the IW has transitioned from acute pain to chronic pain, which is out of his scope of practice. A recommendation is being made for evaluation and treatment with a pain management specialist. The current request is for pain management evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127 and on the Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: Per the ACOEM and the Official Disability Guidelines, a consultation should assist in the diagnosis, prognosis and therapeutic treatment of patients. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are left knee injury; status post left knee arthroscopy on February 3, 2012; and Synvisc One injections on May 2012, March 2013, February 2014, and November 2014. A consultation should assist in the diagnosis, prognosis and therapeutic treatment of patients. The treating physician requested a pain management consultation and treatment. Although the treating physician may request a pain management consultation, the treatment is to be determined by the consultant, not the referring physician. Based on critical information in the medical record and the peer-reviewed evidence-based guidelines, pain management evaluation and treatment is not medically necessary.