

Case Number:	CM14-0215307		
Date Assigned:	01/02/2015	Date of Injury:	08/31/1998
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
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, 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:

According to the 11/17/14 attending physician report, the patient is a 52-year-old male with ongoing complaints of pain in the shoulders bilaterally and knees bilaterally. He has undergone total left knee arthroplasty and he continues to have pain. It is stated that his right knee is osteoarthritic and very painful. His shoulders are painful bilaterally with overhead reaching and sleeping. Physical exam findings include mild decrease shoulder ROM bilaterally during flexion, abduction, internal rotation and external rotation. ROM of the knees are mildly restricted during flexion, left greater than right. Motor, sensory and reflex testing are intact. The patient is not working in any capacity. The current treatment plan asks for right total knee replacement, pain management and home exercise program at a gym for strengthening the quadriceps with low weight and high repetition at 24 hour fitness. The current diagnoses are: 1. Status-post left knee total arthroplasty 2. Severe osteoarthritis, right knee 3. Left knee osteoarthritis 4. Left and right shoulder rotator cuff tendinitis 5. Right shoulder impingement syndrome The utilization review report dated 12/9/14 denied the request for Pain Management Consultation for the right knee based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult with [REDACTED] for right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7

Decision rationale: The patient presents with persistent bilateral shoulder and knee pain. The current request is for pain management consultation for the right knee. The treating physician has referred the patient for total right knee arthroplasty and feels the patient needs pain management consultation. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise in pain management may be required for this patient. Recommendation is for authorization.