

<b>Case Number:</b>	CM15-0119456		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old male patient who sustained an industrial injury on 11/18/2009. Mechanism of injury was not documented, but it involves his right knee and compensatory injury to the left knee. Diagnoses include degenerative joint disease, chronic pain and constipation. Comorbid diagnoses include diabetes, hyperlipidemia and obesity. Per the PT note dated 6/10/15, patient had complaints of right knee pain. The physical examination of the right knee revealed tenderness, range of motion active/passive- flexion 110/115 degrees and extension -5/-2 degrees; swelling, decreased strength in right lower extremity. Per the physician progress note dated 05/28/2015 he was 13 days post-operative total right knee replacement. The physical examination revealed right knee swelling with no signs of infection, range of motion of the right knee- extension +12-15 and flexion 95 degrees and a negative Homan's sign. Medications include miralax, Percocet and Dilaudid at hour of sleep, which helps with function and pain. He has undergone right knee menisectomy in 2010 and right total knee replacement on 5/15/2015. He has had orthovisc injections, physical therapy, home exercise and use of cold therapy and a walker. The treatment plan includes a Urine Tox screen, encouragement of obtaining full knee extension, refilling of Miralax for constipation, and requesting a cane. Treatment requested is for pain management for medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management for medication management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Per the cited guidelines: 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. Per the records provided patient had right knee pain with history of recent right knee surgery - total knee replacement on 5/15/2015. Patient has significant objective findings on the physical examination - tenderness, swelling, decreased strength and decreased range of motion of the right knee. Patient was on multiple medications including narcotics - percocet and dilaudid. Referral to a pain management consultant is medically appropriate for management of pain medications. The request of Pain Management for medication management is medically appropriate and necessary in this patient at this juncture.