

Case Number:	CM15-0172406		
Date Assigned:	09/14/2015	Date of Injury:	04/15/2014
Decision Date:	10/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, 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:

The injured worker is a 64-year-old male, who sustained an industrial injury on 4-15-14. The injured worker was diagnosed as having osteoarthritis of the right knee. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-18-15 is hand written and difficult to decipher. The notes indicated the injured worker was in the office as a follow-up for his right knee and pending authorization for transfer of care. Objective findings are documented as positive for tender to palpation medial and lateral knee with 1+ swelling and 4 out of 5 strength. He reports continued symptoms and not working at this time. The diagnosis is documented as osteoarthritis of the right knee. There are physical therapy notes and one dated 6-24-15 is a physical therapy discharge note that indicates the injured workers diagnosis was a a right medial meniscus and lateral meniscus tear. The interventions are listed on the noted as aquatic therapy, taping, home exercise program and strengthening noting functional improvement but the symptoms had not improved. The note advised the injured worker should continue home exercise and independent aquatic therapy. Another PR-2 note was submitted and it is dated 3-5-15. The provider notes it had been a year since the original injury and the injured worker is still symptomatic. The provider documents he had a MRI scan that showed "degenerative medial meniscal tearing as well as joint space degeneration of the medial side of the knee." He notes that the injured worker's flexion weight bearing films show an approximately 1mm joint space remaining in the medial joint. He notes that "fortunately, the cellulitis, edema and vascular issues have come under control." The provider documents on physical examination the injured worker is walking with a cane, is tender medially, and has

effusion. The treatment plan recommended Orthovisc injections and no surgery due to the amount of arthritis in the knee. The result of a surgery would be unpredictable given the injured workers vascular issues and wound healing. The provider advised to send the injured worker to pain management and transfer his care. A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 8-28-15 and non-certification was for Transfer of care to pain management specialist related to right knee injury. Utilization Review non certified the service due to not meeting the CA MTUS or ACOEM Practice guidelines, Chapter 7 - independent Medical Examination and Consultations, page 127. The provider is requesting authorization of Transfer of care to pain management specialist related to right knee injury.

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 related to right knee injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant has chronic knee pain and wants to avoid surgery. The claimant has completed physical therapy. However, there is no indication of specific intervention that a pain specialist can offer for the knee. The orthopedic surgeon as well through medications and local injections routinely manages such pain. As a result, the pain specialist consultation is not justified and not medically necessary.