

Case Number:	CM15-0179533		
Date Assigned:	09/21/2015	Date of Injury:	06/09/2010
Decision Date:	12/01/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male, who sustained an industrial injury on 6-9-2010. Medical records indicate the worker is undergoing treatment for status post left knee surgery in 2011, right knee sprain-strain and right knee dysfunction with full thickness chondral defect. A progress report from 7-13-2015, reported the injured worker complained of low back pain rated 8 out of 10, left knee pain rated 7 out of 10, right ankle pain rated 8-9 out of 10 and right knee pain rated 8 out of 10. Physical examination showed lumbar, bilateral knee and right ankle range of motion was "decreased and painful". A recent progress report dated 8-19-2015, reported the injured worker complained of bilateral knee pain-right greater than left. Physical examination revealed left knee decreased and painful range of motion-flexion 130 degrees and extension 0 degrees. Physical examination revealed right knee range of motion decreased and painful with flexion 135 degrees and extension 0 degrees. Right knee magnetic resonance imaging revealed full thickness chondral defect and a right knee magnetic resonance imaging arthrogram showed oblique tear posterior horn of the medial meniscus. Treatment to date has included physical therapy and medication management. On 7-13-2015, the Request for Authorization requested psychiatric follow-up, 2nd functional capacity evaluation, pain management and follow-up for the bilateral knees. On 8-27-2015, the Utilization Review noncertified the requests for psychiatric follow-up, 2nd functional capacity evaluation, pain management and follow-up for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up for psych: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a psych follow up. Therefore, at this time, the requirements for treatment have not been met, and the request is not medically necessary.

2nd Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. In addition, ODG recommend a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or is entering a work hardening program. Thus, an FCE would not be helpful. Therefore, at this time, the requirements for treatment have not been met, and the request is not medically necessary.

Pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Chapter 7 - Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the referral to pain management. Therefore, at this time the requirements for treatment have not been met, and the request is not medically necessary.

Follow up for Bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support a referral for follow up visit for his bilateral knees. Therefore, at this time the requirements for treatment have been met, and the request is medically necessary.