

Case Number:	CM15-0076434		
Date Assigned:	04/28/2015	Date of Injury:	02/06/2013
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/21/2015

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, Florida

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 38 year old male, who sustained an industrial injury on 2/6/2013. He reported a left knee injury. The injured worker was diagnosed as having a torn medical meniscus of knee, lower leg joint pain, femoral condyle fracture, chondromalacia of patella and osteochondropathies. Treatment to date has included home exercise program, physical therapy and medications. The request is for consultation and treatment with pain management. On 10/30/2014, an AME report was completed. The report indicated the injured worker was re-opening his claim 6 weeks after it had been settled. He reported no changes or new complaints. No medical treatment recommendations were made. On 12/26/2014, he had completed 2 physical therapy sessions. He reported continued left knee pain. On 2/24/2015, he reported continued left knee pain. His pain medications were refilled, and a follow up appointment made. Medications were listed as: Norco, Orthonetic, Voltaren, and Flexeril. On 4/10/2015, he had continued left knee pain. He indicates there have been no changes since his last visit. Physical findings are noted as medial joint tenderness, small effusion, and painful range of motion. The treatment plan included: referral for pain management consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treatment with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 30-32, 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to specialists when the diagnosis is too complex or additional expertise treatment is necessary for the management of the medical condition. The records did not show subjective or objective findings that is consistent with a complex knee condition. There is no documentation that patient failed conservative management with standard medications and PT. There is no documentation of clinical deterioration or increased functional impairment. The criteria for referral for Consultation and treatment by Pain Management was not met. The request is not medically necessary.