MAXIMUS Federal Services

Case Number:	CM15-0090221		
Date Assigned:	05/14/2015	Date of Injury:	11/06/2012
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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: California
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:

The injured worker is a 54 year old female, who sustained an industrial injury to the right knee on 11/06/2012. Documented treatments and diagnostic testing to date has included conservative care, medications, x-rays, MRIs, right knee arthroscopy, and psychiatric evaluations. Currently, the injured worker complains of ongoing right knee pain (rated 7/10) with inability to walk or stand for any considerable amount of time without significantly increasing pain. The injured worker is currently taking Norco for pain relief. Pertinent objective findings for the right lower extremity include mildly antalgic gait, mildly decreased range of motion, normal strength, and tenderness to palpation over the medial joint line and medial femoral condyle. Relevant diagnoses include knee joint pain with meniscus injury and osteoarthritis of the knee. A "Task Details" report was submitted and it shows that the treating physician has requested a referral to a pain management specialist for recalcitrant knee pain, and a referral for an orthopedic reassessment by the physician who performed the QME on 02/27/2015. The request for authorization includes referral for evaluation and treatment of right knee pain and lumbar involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for evaluation and treatment (recalcitrant right knee pain and lumbar involvement): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Plus (Online) - Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127, consultation.

Decision rationale: This patient presents with chronic low back and right knee pain. The patient is status post right knee arthroscopy on 02/11/14. The current request is for referral for evaluation and treatment (recalcitrant right knee pain and lumbar involvement). The Request for Authorization is dated 04/17/15. Treatments and diagnostic testing to date has included physical therapy, medications, x-rays, MRIs, right knee arthroscopy, and psychiatric evaluations. The patient is currently not working. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states: The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise. On 05/06/15, the patient was seen for her continued right knee and low back pain. Examination revealed mild antalgic gait, sensation intact bilaterally, TTP in the medical femoral condyle and medial joint line. The treating physician stated that the patient previously obtained authorization to see [redacted] but we received work that he does not treat workman's comp patients. Thus, we would need to try and obtain an authorization for the patient to see another PM&R physician for evaluation. Given that the patient continues to have chronic knee and back pain, a pain management consultation is supported by ACOEM. However, the treatment can only be determined after the consultation takes place. While the evaluation and referral is necessary, the request is also for treatment, which is not defined. Therefore, the request is not medically necessary.