

Case Number:	CM13-0003277		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2001
Decision Date:	02/20/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is licensed Doctor of Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 62 year-old male [REDACTED] with a date of injury of 8/25/01. A review of the medical records indicates that the claimant sustained a specific orthopedic injury to his right knee on 1/7/98 and sustained cumulative bilateral knee injuries from 4/22/98 - 4/25/01 while working as a brick tender for [REDACTED]. He worked in pain until 8/25/01. Additionally, the claimant has been experiencing psychiatric symptoms as a result of his work-related injuries and has received psychotherapy, biofeedback, and medication management services. In his PR-2 dated 6/24/13, [REDACTED] diagnosed the claimant with: Depressive Disorder, NOS with Anxiety and Psychological Factors Affecting Medical Condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) medication management sessions: 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) Mental Illness and Stress Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Office Visits.

Decision rationale: The Official Disability Guidelines regarding the use of office visits will be used as reference for this case. These guidelines are the most appropriate guidelines to be used as they are most relevant to "medication management sessions". The ODG states the following: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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." Based on this guideline, it is difficult to determine the exact amount of office visits needed without ongoing assessment of patient concerns, symptoms, and clinical stability. The need for four office visits/medication management sessions is speculative. As a result, the request for "4 medication management sessions" appears excessive and therefore, is not medically necessary.