MAXIMUS Federal Services

Case Number:	CM13-0040390		
Date Assigned:	12/20/2013	Date of Injury:	10/18/2011
Decision Date:	06/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

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 patient is a 37 year old male with a date of injury of 10/18/11. The listed diagnoses per [redacted] are fracture of the clavicle, sprain/strain of the shoulder, and internal derangement of the left knee. According to the report dated 9/12/13, the patient is status post left knee arthroscopic meniscectomy on 4/9/13. The patient has completed all his physical therapy, but still complains of discomfort. The patient has improved range of motion and strength, but stills experiences weakness. He has difficulty with any type of prolonged walking, in which case he complains of swelling. The medical records provided for review indicate that the patient takes ibuprofen, divalproex, Gabapentin, Trazodone, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient pharmacological management visit on 9/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM practice guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the medical file indicates that the patient is being treated by an orthopedic physician, internal physician, and pain management physician. The patient was recently seen by a psychologist as well. It appears that each physician is prescribing their own medication. It is unclear why the primary treating physician is requesting outpatient pharmacological management, and why each specialist is unable to manage the patient's medication regimen. As such, the request is not medically necessary.