

Case Number:	CM13-0046118		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2001
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left knee, low back, and sacroiliac joint pain reportedly associated with an industrial injury of May 10, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior left knee surgery; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of October 7, 2013, the claims administrator denied a request for 12 additional months of continued care. The applicant's attorney later appealed. An earlier note of August 2, 2013 is notable for the comments that the claimant has ongoing issues with bilateral knee pain, knee arthritis, lumbar radiculopathy, and depression. The applicant was given a prescription for Norco. The applicant's work status was not detailed. The applicant was reportedly very depressed and anxious. Also reviewed is an October 13, 2013 request for authorization for "continued care for 12 more months."

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional months of continued care: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: It is not clear precisely what this service represents based on the attending provider's description and/or based on the utilization review description. It appears to represent a request for 12 months of continued follow-up visits. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, it does not appear that the applicant is working. Thus, more frequent follow-up visits are indicated here. Nevertheless, it is difficult to certify 12 months of continued treatments without interval reassessment of the applicant, interval reassessment of the applicant's work status, interval reassessment of the applicant's functional status, etc. For example, the applicant could make a recovery, return to work, and/or be declared permanent and stationary, effectively obviating the need for 12 months of continued care and 12 months of continued follow-up visits. Accordingly, the request is not certified on a number of levels, one of which includes the imprecise nature of the request