

Case Number:	CM14-0007850		
Date Assigned:	02/07/2014	Date of Injury:	01/07/2013
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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 patient is a 73-year-old female who has submitted a claim for right shoulder internal derangement and status post right knee surgery associated with an industrial injury date of January 7, 2013. Medical records from 2013 were reviewed. The patient complained of persistent right shoulder and knee pain. Right shoulder pain was accompanied by stiffness and was aggravated by overhead activities. Right knee pain was associated with clicking, catching, and instability. Physical examination of the right shoulder showed tenderness, limitation of motion, and weakness of supraspinatus graded 4/5. Sensation was diminished at the thumb and index finger of the right hand. Physical examination of the right knee showed moderate intra-articular effusion, and tenderness over the medial joint line. Gait was antalgic. Treatment to date has included NSAIDs, opioids, topical analgesics, occupational therapy, physical therapy, and ORIF (1/30/13). Utilization review from December 19, 2013 denied the request for pain medicine follow-up, however, the reason for denial was unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MEDICINE FOLLOW UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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

Decision rationale: The California MTUS does not specifically address pain medicine follow up office visits. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, 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, require close monitoring. In this case, employee had consulted a pain management specialist on 08/16/2013. The employee was prescribed topical medication, advised to undergo physical therapy, and was instructed to follow-up after three months. The employee had completed the physical therapy to date, however, complains of persistent right shoulder and knee symptoms. Follow-up with the specialist is necessary for re-evaluation. The guideline criteria have been met; however, the number of office visits was not specified. Therefore, the request for pain medicine follow-up is not medically necessary.