

Case Number:	CM14-0019451		
Date Assigned:	04/23/2014	Date of Injury:	03/15/2012
Decision Date:	07/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/15/2014

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 Board Certified in Internal 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 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.

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 54-year-old female who has submitted a claim for labral impingement syndrome of the left hip, medial collateral ligament tear of the left knee and gait disorder associated with an industrial injury date of March 15, 2012. The medical records from 2012-2014 were reviewed, the latest of which dated March 10, 2014 revealed that the patient complains of constant, aching pain in the left hip that radiated down the left leg to the knee. The pain increases after sitting for 5-10 minutes. The patient rates the pain at 5-6/10. The patient also complains of constant, dull pain in the left knee that radiates to the front and back of the knee. The pain increases when walking on uneven surfaces. The patient rates the pain at 5-6/10. She wears a knee brace constantly and if her knee gets sore with it, she stops wearing it for a few days. On physical examination, the patient ambulates with the use of a cane. There is tenderness on the left anterior hip. There is limitation in active range of motion of the left hip with flexion to approximately 80 degrees, extension and internal rotation to approximately 0 degree, external rotation to approximately 30 degrees, abduction to approximately 20 degrees, and adduction to approximately 10 degrees. On examination of the left knee, there is noted tenderness in the medial and lateral joint lines. There is limitation in active range of motion with flexion to approximately 90 degrees. There is grade IV decreased strength of the left quadriceps and hamstrings. The treatment to date has included physical therapy, acupuncture, chiropractic therapy, aquatherapy, knee cortisone steroid injection, knee brace, transcutaneous electrical nerve stimulation (TENS), home exercise program, and medications which include Ambien, Norco, Mobic, Vicodin, Naprosyn and Tizanidine. A utilization review from January 16, 2014 denied the requests for follow up visits every three months and Lab work every three months: CBC, Chem 8 and Hepatic Panel because the patient has reached a maximum medical improvement status; no routine follow up visit or laboratory studies are required.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP VISITS EVERY 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Peri-operative Cardiovascular Evaluation and Care for Non-Cardiac Surgery, <http://circ.ahajournals.org/cgi/content/full/116/17/e418>.

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, and <http://definitions.uslegal.com/m/maximum-medical-improvement-mmi/>.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment. In this case, the patient has reached a maximum medical improvement status based on the clinical evaluation done last December 23, 2013. By definition, it is the point at which the condition of an injured person is stabilized. No further recovery or improvement is expected even with additional medical intervention. Furthermore, the request is vague, as there is no definite time period until when follow-up is needed. Therefore, the request for follow up visits every three months is not medically necessary.

LAB WORK EVERY 3 MONTHS: CBC, CHEM 8 AND HEPATIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning

monitoring regimens. In this case, the patient was prescribed multiple oral analgesics which include Ambien, Norco, Mobic, Vicodin, Naprosyn and Tizanidine since the industrial injury date of March 15, 2012. The documented rationale for periodic laboratory monitoring is to ensure that it is safe for the patient to metabolize and excrete medications over a prolonged period of time. The guideline criteria were met, however, the request is vague; there is no definite time period until when monitoring is needed. Therefore, the request for Lab work every three months: CBC, Chem 8 and Hepatic Panel, is not medically necessary.