

Case Number:	CM14-0041345		
Date Assigned:	06/20/2014	Date of Injury:	07/19/2012
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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:

Patient is an injured worker with right upper extremity, right shoulder, right knee, back, and neck conditions. Date of injury was 07-19-2012. Agreed Medical Evaluation was performed on February 10, 2014 by orthopaedic surgery [REDACTED]. AME reported documented the medical history: His current medications include Intermezzo for sleep and Latuda for depression. He is also on lamotrigine for depression or the psychiatric effects of his injury. He is also on Lortab, amlodipine, and benazepril for high blood pressure, as well as metoprolol. He is also taking Viibryd. This is also being used for major depressive disorder. Diagnoses: Cervical spine sprain/strain; C7 radiculopathy; Bilateral carpal tunnel syndrome; Right lateral epicondylitis; Right shoulder rotator cuff tear, labral tear, and impingement, status post diagnostic and operative arthroscopy, with subacromial decompression, SLAP repair, and rotator cuff debridement May 20, 2013; Right shoulder pain, with possible new partial tear of the rotator cuff, labral re-tear possibly inferiorly, with some questionable physical findings of recurrence of impingement; Thoracic spine sprain/strain; Lumbar spine sprain/strain; Right knee medial meniscal tear, with patellofemoral chondromalacic change grade III to IV, status post diagnostic and operative arthroscopy, with partial medial meniscectomy and debridement of the patellofemoral joint done July of 2013. Request for Authorization for Medical Treatment (RFA). Date of Request: 02/05/2014. Diagnosis: Depressive Disorder. ICD Code: 311. Procedure Requested: 6 Medication Management. CPT/HCPCS Code: 99215. Once a month for 6 months. Provider Name: [REDACTED] Practice Name: Fair Oaks Psychiatric Associates. Fair Oaks Psychiatric Associates progress report dated 01-09-2014 signed by [REDACTED] documented the patient's complaint of depression, sleeping problems, and neck pain. Physical examination was not documented. Current medications were not documented. UR decision date was 03-05-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management 1 time a month for 6 months: 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) treatment Integrated treatment/Disability Duration Guidelines Mental illness and Stress.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG) Mental Illness & Stress.

Decision rationale: Official Disability Guidelines (ODG) Mental Illness & Stress addresses Office Visits. 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. 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. A set number of office visits per condition cannot be reasonably established. No section of the MTUS was found to be applicable and relevant. Request for Authorization for Medical Treatment (RFA) 02/05/2014 requested 6 Medication Management CPT Code 99215 office visits once a month for 6 months. The progress report from the requesting physician 01-09-2014 documented the patient's complaint of depression, sleeping problems, and neck pain. No documentation of physical examination was contained in the progress report. No documentation of current medications was contained in the progress report. No details of a treatment plan were documented. No rationale was presented for a set number of office visits. Medical records do not support the medical necessity of 6 Medication Management CPT Code 99215 office visits once a month for 6 months. Therefore, the request for Medication Management 1 time a month for 6 months is not medically necessary.