

<b>Case Number:</b>	CM14-0088244		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 30-year-old male who reported an injury on 01/27/2011. The mechanism of injury was not provided. On 05/08/2014 the injured worker presented for a follow-up visit for orthopedic evaluation. He was receiving wound care and antibiotics for a superficial wound infection, and continued with postoperative care. Upon examination there was a healing wound with a dry and intact dressing on the left thigh. Examination of the left knee revealed a well healed, mildly tender hypertrophic scar without signs of infection. There was no swelling, instability, or effusion. There was tenderness to palpation over the medial and lateral joint line. There was a medial and lateral pain with McMurray's maneuver. There was mild patellofemoral irritability with satisfactory patellar excursion and tracking. The injured worker walked with a slightly antalgic gait due to pain in the entire left lower extremity, could not fully squat or duck waddle due to left knee pain, and has a negative Trendelenburg's sign. There was decreased, patchy sensation in the bilateral thighs. X-Rays of the left femur dated 04/18/2014 demonstrated a healed femur fracture. The diagnoses were status post retrograde intramedullary rodding of the left femur fracture, status post debridement of the skin and subcutaneous tissue of the left thigh, status post left thigh irrigation and debridement, status post reconstructive soft tissue surgery of the left thigh and internal derangement of the left knee patellar chondromalacia. Prior therapy included surgery, medications, and psychotherapy sessions. The provider recommended 6 medication management visits. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Medication Management Visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7- Independent Medical Examinations and Consultations.

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

**Decision rationale:** The request for 6 Medication Management Visits is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is based on individualized review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured workers' conditions are extremely varied, 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, being ever mindful that the best injured worker outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is lack of evidence of the injured worker's current medication regimen and the efficacy of the medication. Additionally, there is no rationale as to why the injured worker would need 6 medication management visits. The frequency of the medication management visits were not provided in the request as submitted. As such, the request is not medically necessary.