

<b>Case Number:</b>	CM14-0207796		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/18/1994
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, 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 injured worker is a 53-year-old female who reported injury on 07/18/1994. The mechanism of injury was not included. Her diagnoses included early osteoarthritis of her right knee. The past treatments included pain medications and physical therapy. An x-ray of the bilateral knees was reported to show minimal degenerative changes, marked lateral compartment narrowing on the right knee, well placed screws from a prior ACL graft, and a staple in her tibia. An x-ray, dated 11/12/2014, revealed severe disc degeneration at C5-6. The clinical note, dated 11/18/2014, noted the injured worker required continued pain management. The injured worker was noted to have painful swelling of the right knee, and ongoing giving way of the right shoulder. She was noted to have had a spine surgery consultation, and was advised to undergo a shoulder surgery after completion of physical therapy. The objective findings included a well healed long anterior knee incision to both knees, pain about the lateral right knee, and mild effusion. The left knee was noted lack 10 degrees of extension and had flexion to 90 degrees. Any current medications were not mentioned. The treatment plan indicated the injured worker required ongoing pain management. The Request for Authorization Form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit with pain management per DOS 11/19/14 request Qty1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/ Disability Duration Guidelines, Pain Chronic

**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 a follow up visit with pain management per date of service 11/19/2014 is not medically necessary. The injured worker had previous pain management services, last documented in 09/2014. The Official Disability Guidelines indicate follow up visits are recommended as determined to be medically necessary. The need for an office visit with a healthcare provider is individualized and based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and on what medications the injured worker is taking. The most recent documentation provided failed to indicate the quality and severity of the injured worker's pain. The documentation did not indicate the injured worker to be on any medications, or the need for treatments that could only be managed with a pain management specialist. The rationale for the request was not clear. There is a lack of documentation to support the need for continued pain management services at this time. Therefore, the request is not medically necessary.