

Case Number:	CM15-0006351		
Date Assigned:	01/26/2015	Date of Injury:	06/05/2012
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male who reported an injury on 06/05/2012. The mechanism of injury was not provided. The injured worker underwent a right knee arthroscopy with partial and medial meniscectomy on 09/23/2014. The injured worker underwent a right shoulder arthroscopic surgery and a cervical spine fusion, as well as left knee arthroscopic surgery. Prior therapies included chiropractic care and physical medicine. The documentation of 10/11/2014 revealed the injured worker had complaints of pain in the neck, shoulders, upper back, lower back, and right knee. The treatment recommendation for work hardening/condition and followup with a physician for pain medication if needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consult with medication doctor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

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 visit

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment, and some medications (such as opioids). The clinical documentation submitted for review failed to provide documentation to indicate the injured worker had a necessity for a followup consult with a medication doctor. There was a lack of documented medications that were being utilized and exceptional factors. Given the above and the lack of documentation, the request for a followup consult with medication doctor is not medically necessary.