

Case Number:	CM15-0018671		
Date Assigned:	02/06/2015	Date of Injury:	01/15/1997
Decision Date:	12/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Emergency Medicine

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 55 year old male who sustained an industrial injury 01-15-97. A review of the medical records reveals the injured worker is undergoing treatment for chronic bilateral knee pain, chronic hip pain, and chronic pain syndrome. Medical records (01-20-15) reveal the injured worker complains of pain in knees, right hip, and the shoulders. The pain is not rated. The physical exam (01-20-15) reveals tenderness in the neck, both patellas. The left patella is noted to have limited range of motion. Prior treatment includes 2 arthroscopic knee surgeries, and medications including Norco, Valium, Lidoderm patches, and Voltaren gel. The treating provider reports the most recent CURES report (12-18-14) is consistent with medications, provider, and pharmacy. The treating provider reports that the Valium is being changed to baclofen on this visit. The original utilization review (01-30-15) non-certified a return to the office in one month as an outpatient. The reported injury is from 1997 and it is unclear the reason for monthly follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 return to offices in one month as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested 1 return to offices in one month as an outpatient, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker is undergoing treatment for chronic bilateral knee pain, chronic hip pain, and chronic pain syndrome. Medical records (01-20-15) reveal the injured worker complains of pain in knees, right hip, and the shoulders. The pain is not rated. The physical exam (01-20-15) reveals tenderness in the neck, both patellas. The left patella is noted to have limited range of motion. Prior treatment includes 2 arthroscopic knee surgeries, and medications including Norco, Valium, Lidoderm patches, and Voltaren gel. The treating provider reports the most recent CURES report (12-18-14) is consistent with medications, provider, and pharmacy. The treating provider reports that the Valium is being changed to baclofen on this visit. The treating physician has adequately documented persistent symptomatology to establish the medical necessity for a follow-up office visit. The criteria noted above having been met, 1 return to offices in one month as an outpatient is medically necessary.