

Case Number:	CM15-0167174		
Date Assigned:	09/04/2015	Date of Injury:	04/02/2013
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii

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 49-year-old male, who sustained an industrial-work injury on 4-2-13. He reported initial complaints of back, feet, legs, right arm, elbow, and wrist pain. The injured worker was diagnosed as having right shoulder impingement syndrome, right elbow fracture with residual ankylosis, right wrist fracture and subsequent proximal row carpectomy, carpal tunnel syndrome to right hand, left knee dislocation with manipulation and arthroscopic medial meniscectomy, right knee arthroscopic medial meniscectomy, chondroplasty and tibial plateau fracture, status post right anterior calcaneal fracture, right tibia comminuted segmental tibial shaft fracture and distal fibular fracture, left ankle fracture with triple arthrodesis, left metatarsal fractures of II-IV, bilateral hammertoe repairs, along with depression, and PTSD (post-traumatic stress disorder). Treatment to date has included medication, surgery (lumbar fusion at L4, right tibial shaft fracture, intramedullary rodding, debridement of an open right calcaneal fracture, external fixator for left foot fractures, and closed treatment for left second, third, and fourth metatarsal fractures), psychological evaluation. Currently, the injured worker complains of increased depression. Per the primary physician's progress report (PR-2) on 7-14-15, exam by psychology noted increased depression during the last three to four weeks. There was note of irritability and more conflict with family member, more vivid dreams increasing the PTSD (post-traumatic stress disorder) symptoms. The requested treatment included Follow up x 1 and Urinalysis x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Office visits.

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

Decision rationale: The patient presents with increased depression and PTSD symptoms. The current request is for Follow up x 1. The treating physician report dated 7/14/15 (1C) states, "The patient is hopeful to get off all of his Oxycontin and Oxycodone in time for surgery. Today he seems much more depressed, more irritable, and more confused in his thinking. As a result, I am discussing with him increasing our sessions from once every two weeks to once a week." The MTUS guidelines state the following on page 8: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, the patient presents with increasing depression and PTSD symptoms and the treating physician is requesting a follow up in order to monitor the patient and properly treat his increasing symptoms. The current request is medically necessary.

Urinalysis x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

Decision rationale: The patient presents with increased depression and PTSD symptoms. The current request is for Follow up x 1. The treating physician report dated 7/14/15 (1C) states, "The patient is hopeful to get off all of his Oxycontin and Oxycodone in time for surgery. Today he seems much more depressed, more irritable, and more confused in his thinking. As a result, I am discussing with him increasing our sessions from once every two weeks to once a week." The MTUS guidelines state the following on page 8: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, the patient presents with increasing depression and PTSD symptoms and the treating physician is requesting a follow up in order to monitor the patient and properly treat his increasing symptoms. The current request is medically necessary.