MAXIMUS Federal Services

Case Number:	CM15-0030160		
Date Assigned:	02/23/2015	Date of Injury:	02/21/2011
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 41-year-old male, who sustained a work/ industrial injury on 2/21/11 due to a fall. He has reported symptoms of instability and buckling of the knee and lumbar strain.
Past medical history was negative. Surgery was to include left knee anterior cruciate ligament repair with allograft. The diagnoses have included cervical sprain with possible myelopathy and lower extremity weakness, thoracolumbar sprain with multilevel facet arthropathy, disc extrusions and sprains, lumbosacral sprain with probable lower extremity radiculopathy/ neuropathy, left knee sprain, internal derangement with instability and falling, right shoulder sprain with probable internal derangement, rotator cull tear versus labral tear, and chronic pain with secondary severe depression. Treatments to date included medication, physical therapy, and steroid injections. Medications included Colace, Tizanidine, and Hydrocodone/Oxycodone. The treating physician's report (PR-2) from 1/28/15 indicated that the request for a left anterior cruciate ligament reconstruction and meniscal repair had been made. A request for a full time nurse case manager to coordinate care was made. On 2/4/15, Utilization Review non-certified a 1 Full time nurse case manager, without noting the California Medical treatment Utilization Schedule (MTUS) , American College of Occupational and Environmental Medicine (American College of Occupational and Environmental Medicine (ACOEM), or Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Full time nurse case manager: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 90.

Decision rationale: The 2/04/2015 Utilization Review letter states the Full time nurse case manager requested on the 1/26/15 medical report was denied because the review does not know why the provider's office is incapable of coordinating the care and keeping track of the authorization. The 1/26/14 general medical practice report states the patient has been diagnosed with cervical sprain with possible myelopathy and lower extremity weakness; thoracolumbar sprain with multilevel facet arthropathy, disc extrusions and sprains; lumbosacral sprain with probable lower extremity radiculopathy; left knee sprain, internal derangement with instability and falling; right shoulder sprain with probable internal derangement, rotator cuff tear versus labral tear; and chronic pain secondary severe depression and feelings of hopelessness. The patient had been injured on 2/21/11, and is not permanent and stationary, but has exhausted his temporary total disability. The physician requests a full-time nurse case manager to help coordinate care and keep track of authorizations. The physician states "It is beyond our staffing and resource ability to handle this. If we had things simply authorized up front, all my requests are in accordance with guidelines, we might be able to handle this." MTUS/ACOEM, Ch 5 Cornerstones of Disability Prevention and Management, page 90, under "Case Management in Delayed Recovery" states: Patients who do not recover as expected usually have several interrelated causes of delayed functional recovery. Cases of delayed functional recovery require close management rather than simple care. The occupational health clinician can act as the manager of the case or can enlist the help of a skilled case manager, who is typically an occupational health nurse or a social worker. The physician identifies delayed functional recovery. MTUS/ACOEM Chapter 5 allows for the physician to enlist the help of an skilled case manager in cases such as this. The request for a Full time nurse case manager IS medically necessary.