

Case Number:	CM15-0037747		
Date Assigned:	03/10/2015	Date of Injury:	07/08/2000
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 38-year-old male, who sustained an industrial injury on 7/08/2000, while working as a firefighter, and sustaining bilateral knee injuries. The diagnoses have included unspecified internal derangement of knee and reactive anxiety and depression, secondary to disabling orthopedic condition. Treatment to date has included surgical conservative measures. Currently, the injured worker complains of bilateral knee pain. His mood was appropriate. His left back was tender, along with his bilateral knees, left greater than right. Knee extension was 0 degrees and flexion to 100 degrees with discomfort was noted. Current medications included Voltaren Gel, Topiramate, Diclofenac ER, Fluoxetine, Omeprazole, Norco, and (1) Synvisc injection. A nurse case manager was requested to oversee a psychiatry referral. The psychiatrist was necessary to help with insight regarding chronic pain, currently rated 9/10. On 2/10/2015, Utilization Review non-certified a request for a nurse case manager.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse case manager quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Referrals
Page(s): 233.

Decision rationale: This patient's physician requested a nurse case manager since the requesting physician was not pleased about the length of time it was taking for authorization to be obtained. As utilization correctly points out, this is an administrative issue and not a medical issue. Medically speaking, this request is not considered medically necessary.