

Case Number:	CM15-0054821		
Date Assigned:	03/30/2015	Date of Injury:	01/19/2006
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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, Maryland
 Certification(s)/Specialty: Psychiatry

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 73 year old male who sustained an industrial injury on 1/19/2006. His diagnoses, and/or impressions, include major depressive disorder - moderate; lumbar spine sprain/strain with facet osteoarthritis; status-post cervical sprain/strain with right upper extremity radiculopathy; right knee tear (illegible); right ankle sprain "op" (illegible); left ankle op (illegible); bilateral hip (illegible). No current magnetic resonance imaging studies are noted. His treatments have included multiple consultations; therapy sessions with psychotropic medications; and medication management. The physician's notes of 1/20/2015 report frequent, moderate and burning (illegible) knee pain with loss of motion, (illegible), and right knee (illegible) with dull ache. Objective findings (illegible) were specific to the right knee, lumbar spine and bilateral ankles. The request for authorization form of 10/1/2014, notes the request for 1 session per month for 6 months plus medication approval. No other medical records pertaining to the visit resulting in this request is available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The request for Monthly Psychotropic Medication Management x 6 is not medically necessary as there is no clinical rationale for why six office visits are being requested as the injured worker does not have significant psychopathology or is on any psychotropic medications that would require close monitoring.