

Case Number:	CM15-0088063		
Date Assigned:	05/12/2015	Date of Injury:	05/21/2009
Decision Date:	06/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 64 year old female, who sustained an industrial injury on 5/21/09. She has reported initial complaints of injury to her knees and right hand after falling between packages at work. The diagnoses have included right knee pain, acute lateral meniscus tear of the right knee, lumbar degenerative disc disease (DDD) and depression. Treatment to date has included medications, chiropractic 20 sessions, activity modifications, psychiatric, and cortisone injection to the right knee, diagnostics, right knee surgery and physical therapy. Currently, as per the physician progress note dated 12/28/14, the injured worker complains of bilateral knee and back pain rated 4-8/10 on pain scale. She takes Norco to help with pain management and the physician noted that she is dealing with the pain issues much better. The physical exam reveals that the right knee has diffuse degenerative changes and tenderness to palpation of the joint line medially and laterally. The exam of the back reveals mild tenderness to palpation of the paraspinal muscle bilaterally. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee. There were previous psychological sessions noted in the records. The current medications included Tylenol #3, Gabapentin, Motrin, Norvasc, Flexeril, Norco, Percocet and Motrin. The physician requested treatment included Medication management follow-up 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management follow-up, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested visits and treatment. No additional information regarding what specialist was provided in the treatment notes. Additionally, the treatment notes do not detail what medications and symptoms are to be evaluated and treated. As such, the request for Medication management follow-up, 6 sessions is not medically necessary at this time.