

Case Number:	CM14-0105492		
Date Assigned:	07/30/2014	Date of Injury:	10/15/2010
Decision Date:	12/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female with a date of injury of October 15, 2010. She complains of bilateral knee pain, left shoulder pain and low back pain. She has had previous arthroscopic surgery to the right knee but continues to have pain in this location. The physical exam reveals tenderness to palpation of the lateral and medial aspects of the right knee, a positive patellar grind test, and diminished right knee range of motion. The medications listed include Tylenol with Codeine, Naproxen, Tramadol ER, Alprazolam ER, Ambien, Glucosamine/chondroitin, Omeprazole, and Hydrocodone. The diagnoses include right knee pain, left shoulder impingement syndrome, lumbar strain, chondromalacia of the right knee, and left knee strain. The record available for review contains progress notes from orthopedics. However, there is a request for lifetime monitoring and management of medications from internal medicine. It appears that the pain medication is being prescribed by orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lifetime Monitoring and Management of Medications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Office visits

Decision rationale: Office visits are 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. In this instance, it is inferred that at least a portion of the injured worker's medication is being prescribed by a physician other than her orthopedist. She appears to be taking medications for insomnia and anxiety. The request for lifetime monitoring and management of medication appears to be coming from an internal medicine physician and yet there are no records enclosed from an internal medicine physician. Consequently, it is not possible to establish an industrial causation for the presumed diagnoses of insomnia and anxiety. Hence, the rationale for lifetime monitoring and management medications from internal medicine is not established. That is not to say, however, that the injured worker cannot have office visits with internal medicine as determined to be medically necessary. Therefore, based upon the record available for review, lifetime monitoring and management of medications is not medically necessary.