

<b>Case Number:</b>	CM14-0161558		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 30 year old with an injury date on 1/27/11. Patient complains of left knee discomfort per 8/7/14 report, and difficulty sleeping that is improving per 8/27/14 report. Patient feels calmer and is less depressed during the day per 8/27/14 report. Based on the 8/27/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p retrograde intramedullary rodding of left femur fracture on 1/27/112. s/p left thigh irrigation and debridement on 2/19/113. s/p debridement of the skin and subcutaneous tissue of the left thigh on 2/10/114. s/p incision, drainage, and debridement of the left thigh on 2/5/115. healed fracture to the left femur6. internal derangement of the left knee/patellar chondromalacia7. healed burns on the left lower extremity8. s/p reconstructive soft tissue surgery of the left thigh on 10/14/119. s/p reconstructive soft tissue surgery of the left thigh on 1/12/1210. s/p reconstructive soft tissue surgery of the left thigh on 10/31/13Exam on 8/7/14 showed "left knee has 0-110 range of motion. Tenderness to palpation over medial/lateral joint line. Cannot fully squat or duck waddle due to left knee pain." [REDACTED] is requesting 6 medication management visits. The utilization review determination being challenged is dated 9/11/14 and modifies request to 2 sessions as patient showed clinical stability. [REDACTED] is the requesting provider, and he provided treatment reports from 3/21/14 to 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Medication Management Visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Head Chapter, Office Visits

**Decision rationale:** This patient presents with left knee pain, and difficulty sleeping. The treating physician has asked for 6 medication management visits on 8/27/14. Regarding Office Visits, ODG recommends 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. In this case, the patient does present with functional deficits of the left knee which warrant additional pain management visits. The request is medically necessary.