

Case Number:	CM15-0115022		
Date Assigned:	06/23/2015	Date of Injury:	10/06/2000
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
 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:

This 58 year old male sustained an industrial injury to the right knee on 8/28/98. Previous treatment included right knee arthroscopy times two and medications. In a PR-2 dated 1/18/15, the injured worker was pending approval for right total knee arthroplasty. The physician noted that the injured worker's pain management treatments had been stopped and the injured worker had been unable to obtain his medications. The physician was taking over medication management until an appropriate pain management or detoxification program could be arranged. In a PR-2 dated 5/14/15, the injured worker was still having difficulties with medications. The injured worker had seen a pain management specialist but the report was not available for review. The injured worker was still awaiting approval for right total knee arthroplasty. Physical exam was remarkable for right knee with pain and tenderness upon range of motion of the knee, limited range of motion and strength without instability. Current diagnoses included status post right knee arthroscopy, degenerative joint disease and narcotic tolerance. The treatment plan included transferring medication management to the pain management specialist as well as for consideration of a detox program and requesting authorization for right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly follow-up visits in this office to monitor patient's progress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: 2015: Knee Chapter: Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain chapter-office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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 case, there was a plan to be seen by a pain specialist for detoxification. The consultation report was not available to indicate that weekly visits were necessary for detoxification or medication management. As a result, the request for office visits is not justified and not medically necessary.