

Case Number:	CM15-0115926		
Date Assigned:	06/24/2015	Date of Injury:	03/06/2011
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained a work related injury March 6, 2011. Past history included hypertension, rheumatoid arthritis, hypothyroidism, left knee replacement with several revisions and total knee revision 2011, left hammer toe surgery; all toes, left total hip replacement 2008, right knee replacement 2007, and total thyroidectomy 1976. According to a pain management report, dated May 12, 2015, the injured workers initial injury was caused by a misstep. She reports chronic pain in the left hip and left knee, increased with standing and walking. The least pain is rated 3/10 and the worst 7/10. Physical examination revealed scar, left lateral hip area, no redness. There is tenderness along the left lateral hip line just outside the scar, tenderness left buttock muscles, and tenderness left subtrochanteric region. Skin grogginess is noted in both lower extremities. There is muscle atrophy below the knees and in the thighs, more on the left than right, with antalgic gait. Diagnoses are failed total left knee replacement; unspecified derangement of knee; patellofemoral syndrome; degenerative joint disease hip; s/p left hip replacement. At issue, is the request for authorization for follow-up visits with universal pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuing follow-up visits with pain management, 1x12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured in 2011. Past history included hypertension, rheumatoid arthritis, hypothyroidism, left knee replacement with several revisions and total knee revision 2011, left hammer toe surgery; all toes, left total hip replacement 2008, right knee replacement 2007, and total thyroidectomy 1976. As of May 12, 2015, it is recaptured that the injured workers' initial injury was caused by a misstep. She reported chronic pain in the left hip and left knee, increased with standing and walking. Diagnoses were failed total left knee replacement; unspecified derangement of knee; patellofemoral syndrome; degenerative joint disease hip; and status post left hip replacement. The request is to continue monthly with pain management for 12 sessions. Functional improvement outcomes out of prior visits are not noted. Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, it is not possible to attest to clinical need monthly for a year. Also, the functional objective benefits out of past pain management, or what has been accomplished through the visits, and what interventions had been done, is not evidence. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request is not medically necessary.