

Case Number:	CM15-0068780		
Date Assigned:	04/16/2015	Date of Injury:	03/07/2008
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: Indiana

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 61-year-old male who sustained an industrial injury on 03/07/2008. Current diagnoses include unspecified disorder of joint-lower leg, ankylosis of joint-lower leg, anklosis of joint, and chondromalacia of patella. Previous treatments included medication management, lumbar surgery, and knee injections. Previous diagnostic studies included urine toxicology screening, x-rays, and MRI's. Report dated 03/13/2015 noted that the injured worker presented for follow up. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for interventions from report dated 02/24/2014, request for smoking cessation, medications will be maintained/prescribed on an as needed basis, and follow up in 4-6 weeks. Disputed treatments include smoking cessation with a pulmonologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Smoking cessation with pulmonologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.nlm.nih.gov/medlineplus/quittingsmoking.html.

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

Decision rationale: MTUS is silent regarding visits to a pulmonologist specialist. ODG states, "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". Smoking cessation is a part of medical counseling that all physicians and nurses should be able to provide. Pulmonologists are rarely used to provide smoking cessation, as primary care physicians generally do it. There is no justification as to why a pulmonologist is required to provide smoking cessation. Therefore, the request is not medically necessary.