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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old female, who sustained an industrial injury on 3/02/2012. Diagnoses include other internal derangement of knee, chronic pain due to trauma, other chronic postoperative pain, causalgia of lower limb. Treatment to date has included medications including Klonopin, Venlafaxine, and Trazodone, Morphine and Lyrica and injections. Per the Primary Treating Physician's Progress Report dated 3/17/2015, the injured worker reported back and right knee pain. The pain is described as constant, aching, sharp and shooting and radiates to the back. Objective findings described her as well-developed, well nourished, alert, oriented and in no acute distress. The plan of care included nursing care and authorization was requested for a nurse case manager for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse case manager for 3-6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 90.
Decision rationale: The patient presents on 03/17/15 with unrated back and right knee pain. The patient's date of injury is 03/02/12. Patient has no documented surgical history directed at these complaints. The request is for nurse case manager for 3 months (90 days). The RFA is dated 03/17/15. Progress note dated 03/17/15 does not include a comprehensive physical exam, only a review of case history, a general overview of systems, and a treatment discussion. The patient is currently prescribed Klonopin, Venlafaxine, Trazodone, Morphine, and Lyrica. Diagnostic imaging was not included. Patient is currently classified as disabled. MTUS/ACOEM, Ch 5 Cornerstones of Disability Prevention and Management, page 90, under "Case Management in Delayed Recovery" states: "Patients who do not recover as expected usually have several interrelated causes of delayed functional recovery. Cases of delayed functional recovery require close management rather than simple care. The occupational health clinician can act as the manager of the case or can enlist the help of a skilled case manager, who is typically an occupational health nurse or a social worker." In this case, the provider is requesting 3-6 months of nurse case management for this patient's continuing unresolved chronic pain. The original request was for 3-6 month duration of nurse case management, which utilization review modified to 3 months. The IMR application associated with this request erroneously lists the challenged treatment as "Nurse case manager for 3 months (90) days." This was the amount indicated by UR modification - not the original request. This patient presents with a complex case history and is being treated by several different medical disciplines; a nurse case manager could be useful. Utilization review modified this amount to 3 months, with the option for additional nurse case management if this patient's condition fails to improve. This is a reasonable modification, and allows room for additional management if required. Three months of supervised nurse, case management is an appropriate duration of treatment, six months is excessive. Without a rationale as to why 3 months of case management with the option to extend is insufficient, the request as written cannot be substantiated. The request is not medically necessary.