

<b>Case Number:</b>	CM15-0096510		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic hand, wrist, elbow, and knee pain reportedly associated with an industrial injury of March 17, 2015. In a Utilization Review report dated April 21 2015, the claims administrator failed to approve a request for a pain medicine follow-up. The claims administrator referenced a March 17, 2015 progress note and associated RFA form in its determination. The claims administrator also invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the request and, furthermore, mislabeled the same as originating from the MTUS. The claims administrator based its denial, in large part, on a perceived paucity of information furnished by the attending provider. The applicant's attorney subsequently appealed. In a January 16, 2015 progress note, difficult to follow, not entirely legible, the applicant reported multifocal complaints of wrist, elbow, hand, and knee pain. The note comprised, in large part, of pre-printed checkboxes, with little in the way of narrative commentary. The applicant was apparently using a walker to move about. The applicant had undergone a total knee arthroplasty procedure, it was acknowledged. The applicant was placed off of work, on total temporary disability. A pain management follow-up visit, sleep study, psychiatry follow-up, and orthopedic follow-up were sought while the applicant was kept off of work. In a RFA form dated February 12, 2015, Norco, Soma, and diclofenac were apparently endorsed. In an associated progress note dated February 10, 2015, the applicant was placed off of work, on total temporary disability, for an additional six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Medicine Follow Up: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Yes, the pain management follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant had multifocal pain complaints. The applicant was off of work. The applicant was using a variety of analgesic medications, including Norco, Soma, diclofenac, etc. Obtaining a follow-up visit with the applicant's pain medicine practitioner, thus, was indicated, on several levels, including for disability management and/or medication management purposes. Therefore, the request was medically necessary.