

Case Number:	CM13-0024671		
Date Assigned:	11/20/2013	Date of Injury:	07/30/2002
Decision Date:	01/21/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male who reported an injury to the left knee on 07/30/2002 and to the right knee on 01/20/2000. The patient underwent left knee arthroscopic surgery in 2008. The patient underwent right knee arthroscopic surgery in 2000. The patient's pain was managed through the spring of 2009 with medications. The patient subsequently developed symptoms related to chronic regional pain syndrome of the right knee. The patient underwent spinal cord stimulator placement. The patient's most recent clinical exam findings included normal findings of skin breakdown present. The patient's diagnoses included reflex sympathetic dystrophy of the lower limb and pain in the joint, complex regional pain syndrome, chronic left knee pain status post orthopedic surgeries, status post spinal cord stimulator implantation, and organic dysfunction secondary to chronic opioid use. The patient's treatment plan included a home exercise program, continuation of medication, and a follow up visit with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) follow up visits with an orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The requested for 3 follow up visits with an orthopedic surgeon is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued deficits over the patient's chronic pain condition. The American College of Occupational and Environmental Medicine recommends surgical consultation for patients with activity limitations greater than 1 month that have failed to progress through an exercise program. The clinical documentation submitted for review does not provide evidence the patient is a surgical candidate or interested in pursuing surgical intervention. Therefore, necessity for follow up visits with an orthopedic surgeon is not indicated. As such, the requested 3 follow up visits with an orthopedic surgeon is not medically necessary or appropriate.