

Case Number:	CM13-0026140		
Date Assigned:	12/18/2013	Date of Injury:	07/03/2003
Decision Date:	03/26/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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:

This 44-year-old claimant, with a date of injury of 7/3/03, is status post bilateral knee surgeries and continues to have knee complaints. The request for general orthopedic follow up with [REDACTED], who performed the claimant's knee surgery in the past, was requested for the claimant's bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

general orthopedics follow up with [REDACTED] for the knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg 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 Independent Medical Examination and Consultations: pg 127, as well as the ODG, Knee & Leg Chapter, Office Visits.

Decision rationale: General orthopedic follow up with [REDACTED] would be considered medically necessary and appropriate in this case based upon the CA MTUS ACOEM 2004 Guidelines and supported by the Official Disability Guidelines. Both the ACOEM Guidelines

and ODG support the office visits are recommended as determined to be medically necessary and should be individualized based upon the patient concerns and symptoms, clinical instability, and physician judgment. In this case, this claimant continues to have issues related to knee pain. He underwent previous surgery with [REDACTED]. It is quite appropriate for the claimant to return to the treating physician for ongoing evaluation and management. Therefore, general orthopedic follow up with [REDACTED] for the bilateral knees would be considered medically necessary and appropriate in this case based upon the ACOEM and Official Disability Guidelines.