

<b>Case Number:</b>	CM13-0032015		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Connecticut, North Carolina, and Pennsylvania. 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 claimant is a 61-year-old male who sustained left knee symptoms on 04/22/13. His treatment has included physical therapy, Cortisone injection, narcotic medicine, and anti-inflammatory to date. He is morbidly obese with a BMI estimated at 51. Radiographs were interpreted as severe medial compartmental osteoarthritis, moderate lateral and patellofemoral compartment osteoarthritic changes and left total knee arthroplasty has been recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**follow-up visits (preoperative and postoperative):** 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 chapter: Office visits.

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

**Decision rationale:** The Official Disability Guidelines indicate that office visits are 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 guidelines also indicate that 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. Follow-up visits, preoperative and postoperative, are indicated following a left total knee arthroplasty, to manage the progression following knee replacement surgery, and also to medically manage morbid obesity. Postoperative care will include some hemoprophylaxis for deep venous thrombus and other medical issues that will require management and office visitations over a period of time.