

Case Number:	CM13-0039447		
Date Assigned:	12/18/2013	Date of Injury:	03/11/2011
Decision Date:	04/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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 52 year old female with a date of injury of 03/11/2011. She had a slip and fall injury and landed on her hands and knees. She had a left knee injury and had left knee arthroscopic surgery. She also has right knee chondromalacia and lumbar degenerative disc disease. She is followed for her injuries by an orthopedist. She continued to have left knee pain wnas was treated with Synvisc injections. She also had an adjustment disorder, anxiety and depression. On 09/13/2013 the patient had persistent swelling of the lower extremities. This is the first time this symptom was noted. There is no history of hypertension, heart disease or renal disease. Evaluation and treatment from a specialist in internal medicine was requested. An internal medicine consultation was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION AND TREATMENT WITH AN INTERNAL MEDICINE SPECIALIST:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: HARRISON'S PRINCIPLES OF INTERNAL MEDICINE, 18TH EDITION. 2011. CONGESTIVE HEART FAILURE.

Decision rationale: The previous reviewer noted that the patient's lower extremity edema was probably not related to the knee injury of 03/11/2011. However, as noted in the previous review a referral for a consultation to a specialist in internal medicine is appropriate and was certified. The patient is followed by an orthopedist for the injury and by a psychiatrist for her injury adjustment disorder. The development of bilateral lower extremity edema may be related to an adverse effect of one of her medications, CHF, pelvic mass, renal disease or multiple varicose veins. There is no clinical information provided about any of these possible issues in the notes provided for review. However, referral to a specialist in internal medicine is appropriate (and was certified) and the necessity of continued treatment and follow up by the internist would be dependent upon the findings of the specialist. The work up and treatment of bilateral pedal edema should be provided by the specialist in internal medicine