

Case Number:	CM13-0042450		
Date Assigned:	12/27/2013	Date of Injury:	08/22/2011
Decision Date:	05/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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 claimant is a 41 year old male injured in a work related accident on August 22, 2011. The claimant underwent arthroscopic intervention with partial medical meniscectomy, chondroplasty, lateral retinacular release of the patella and tricompartmental synovectomy on 05/08/13. There is a September 23, 2013 followup report indicating subjective complaints of pain about the knee despite postoperative physical therapy. The physical examination demonstrated a mild antalgic gait with 0-130 degrees range of motion, tenderness on the patella facet with difficulty arising from a squatting position. The working diagnosis is right knee synovitis with underlying left knee painful complaints. A corticosteroid injection of the knee was performed, oral medications and home exercise program was to continue. The clinical imaging is not available for review. At present there is a clinical request for orthopedic followup assessments every 4 to 6 weeks with no total number of sessions noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PTP FOLLOW UP WITH ORTHO ([REDACTED]) EVERY 4-6 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - EVALUATION AND MANAGEMENT (E&M), 18TH EDITION, 2013 UPDATES.

Decision rationale: The request for followup every 4 to 6 weeks with an orthopedic physician [REDACTED] is not indicated. The ongoing and continuous need for 4 to 6 week followup given the claimant's current clinical presentation is not supported. The treatment recommendations are being made to improve the claimant's overall condition to eliminate ultimate need for treatment and/or followup assessment. The request is not indicated.