

Case Number:	CM13-0055904		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2011
Decision Date:	04/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Medicine and is licensed to practice in Arizona. 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 63 year old female with industrial work injury to the right shoulder, knee and lumbar spine on November 22, 2011. Diagnoses include lumbar degenerative joint disease, pain in lower leg, pain in shoulder, lumbago, and medial meniscal tear. The patient had undergone a total right knee replacement on March 7, 2013. Subjective complaints are of swelling and blisters on inner right leg, which is very painful. Documentation indicates that these lesions have been recurrent since knee surgery and started from CPM machine at hospital. Most recent physical exam findings note that wounds on back of the thigh have blistered up again. Calf is soft and non-tender, and no bruising is present. Submitted documentation shows that these wounds have been recurrent since surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN OFFICE CONSULTATION WITH A GENERAL SURGEON FOR A RIGHT KNEE WOUND: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, documentation shows recurrent wounds around the knee that were concerning to the treating physician. Therefore, the request for consultation is medically necessary.

OFFICE VISIT FOLLOW UP IN ONE MONTH FOR THE RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, documentation shows recurrent wounds around the knee that were concerning to the treating physician. Therefore, the request for a one month follow up visit is medically necessary.