

Case Number:	CM13-0058481		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2009
Decision Date:	07/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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 Geriatrics 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 injured worker is a woman with a date of injury of 6/22/09. She was seen by her primary treating physician on 10/24/13 with complaints of left knee pain said to be 0/10 but can increase to 4/10 with activity. She had 4/10 lumbar spine pain. Her physical exam showed her lumbar spine range of motion had flexion to 80 degrees, extension to 15 degrees and rotation and bending to 20 degrees. Left knee flexion was 0 to 110 degrees. She was tender along the lumbar spine and left knee medial to lateral joint line. Her diagnosis was lumbago. At issue in this review are 6 follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Follow Up Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This worker has been injured since 2009 and has chronic pain in her knee and back. The physician follow-up is appropriate when a release to modified-, increased-, or full-duty work is needed, or after appreciable healing or recovery is expected. In this case, the

symptoms are chronic. Also, the treatment plan does not document the medical necessity for 6 follow up visits nor specify which provider the visits are to be with. The medical records do not sufficiently substantiate the need for 6 follow-up visits.