

Case Number:	CM13-0061854		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2006
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 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 patient is a 39-year-old male with date of injury of 05/16/2006. The listed diagnoses per [REDACTED] dated 10/10/2013 are: 1) Deep venous thrombosis of the femoral popliteal veins as well as the common femoral vein; 2) Status post lumbar disc fusion; 3) Right knee pain; and 4) Status post lumbosacral spinal fusion surgery, August 2013. According to the progress report, the patient continues to complain of leg pain particularly in his right knee. He has swelling on both lower extremities. His current medications include Coumadin, Norco, tramadol, omeprazole, gabapentin, and Colace. The physical examination shows the patient is alert and in no acute distress. There is a 2+ edema to the right knee. The left lower extremity has a 1+ edema. There are no palpable cords or peripheral varicosities. The right knee is tender to palpation, and the patient is wearing a knee brace. The treating physician is requesting 1 orthopedic follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ORTHOPEDIC FOLLOW UP VISIT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION 2004

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION 2004

Decision rationale: The employee presents with chronic knee and leg pain. The treating physician is requesting 1 orthopedic follow-up visit. The ACOEM Guidelines page 341 supports orthopedic follow-up either via person or telephone. Recommendation is for authorization.