

Case Number:	CM13-0064832		
Date Assigned:	01/03/2014	Date of Injury:	12/09/2009
Decision Date:	09/09/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 has a date of injury of January 2, 2010. The patient has chronic left knee pain and has been diagnosed with left knee arthritis. The patient had left knee arthroscopy and was diagnosed with chondromalacia. The patient continues to have chronic knee pain. An authorization is pending for left total knee replacement. The medical records do not document that the patient has significant past medical history and that there are any significant medical comorbidities present. At issue is whether postoperative medical evaluation after surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospital Post-Care x 3 visits with Internist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Referral for consultation.

Decision rationale: The medical records do not document any internal medicine related issues that would warrant the use of an internist following the patient in the postoperative period. The medical records discussed the patient's orthopedic injury. There is no discussion of significant past medical history that would indicate an internal medicine doctor is necessary to follow the

patient postoperatively while in the hospital. There is no justification for internal medicine physician following the patient after surgery based on the available medical records. Therefore, the request for inpatient hospital post care with an internist is not medically necessary.