

Case Number:	CM13-0068150		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2012
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 Practice, and is licensed to practice in Texas. 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 43-year-old female who reported an injury on 02/01/2012. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to her right knee. The patient failed to respond to conservative treatments and ultimately underwent right knee arthroscopy. This was followed by a period of postoperative physical therapy. The patient's most recent clinical orthopedic evaluation dated 10/23/2013 documented that the patient was 3.5 months from the patient's right knee arthroscopy. It was noted that the patient had significant pain complaints and it did not seem the surgical intervention had made any improvements. Physical findings included normal motor strength and normal knees bilaterally and range of motion described as 0 to 130 degrees in flexion of the knees bilaterally. The patient's treatment recommendations included continuation of physical therapy until the patient reaches a plateau and continuation of medications. A request was submitted for postoperative follow-up with range of motion measurement and patient education.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE FOLLOW-UP WITH RANGE OF MOTION MEASUREMENT AND PATIENT EDUCATION: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Office Visits

Decision rationale: The clinical documentation submitted for review did not contain any documentation specifically identifying the nature of this request. California Medical Treatment Utilization Schedule does not clearly address the need for postoperative follow-up treatment. Official Disability Guidelines recommend office visits for patients who have deficits that require continual monitoring. Although postsurgical treatment, evaluation and monitoring would be appropriate for this patient. There is no documentation to support that additional evaluation and monitoring outside of what the orthopedic surgeon could provide is necessary. As such, the requested postoperative follow-up with range of motion measurement and patient education are not medically necessary or appropriate.