MAXIMUS Federal Services

Case Number:	CM14-0157632		
Date Assigned:	09/30/2014	Date of Injury:	09/19/2013
Decision Date:	11/05/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation 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 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 56-year-old female who reported an injury on 09/19/2013 due to an unknown mechanism. The diagnoses were sleep disturbance, fatigue/lethargy, tired, bilateral knee chronic tear, bilateral knee anterior cruciate ligament injury, bilateral knee degenerative arthritis, and right foot "opist". Physical examination dated 07/03/2014 revealed that the injured worker was waiting for bilateral knee surgery. There were complaints of sleep disturbance, loss of sleep, and fatigue frequently to constant. Examination revealed persistent pain tenderness to right knee, restricted range of motion, tenderness to the lumbar spine hypoesthesia to L4-5 dermatome bilateral, and abnormal electromyography (EMG)/ nerve conduction velocity (NCV) results. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up in 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Office

Decision rationale: The decision for follow-up in 4 weeks is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnoses and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based on a review of the patients concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the health care system, through self-care, as soon as clinically feasible. There is a lack of documentation of objective findings on the physical examination for the injured worker. The medications the injured worker was taking were not reported. The visual analog scale (VAS) for pain was not reported. It was reported that the injured worker was pending surgery for bilateral knees. It was not documented or reported what type of follow-up or the reason for the follow up. Based on the lack of documentation detailing a clear indication for the need for a follow-up in 4 weeks, this request is not medically necessary.