

Case Number:	CM14-0024697		
Date Assigned:	06/11/2014	Date of Injury:	05/11/2009
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine 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 injured worker is a 60-year-old male who sustained an injury to his right knee on 05/11/09. The mechanism of injury was not documented. The injured worker complained of persistent right knee pain and swelling. He stated that he cannot walk greater than a mile despite trying to exercise 2-3 times a week. He reported grinding and crunching within the knee and overall, he is quite discouraged with his lack of further progress. Morbidity: 6 foot 2 inches, 304 pounds. Physical examination noted moderately antalgic gait favoring the right lower extremity; healed anterior midline incision over the right knee with 1-2+ effusion; range of motion noted full extension, flexion 150 with 1+ crepitation that appears to be centered around the patella; trace 1+ opening to varus/valgus stress test with stable end point; 1+ anterior/posterior drawer test with stable end point; cap is soft and non-tender. Plain radiographs revealed total knee arthroplasty and overall alignment without evidence of progressive radiolucencies or osteolysis. A small stable osteolytic radiolucent line under the medial tibial plateau is noted. There was no change in position of component seen and no gross evidence of loosening or isometric.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP AND FOLLOW UP VISIT IN 8 -10 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, 2nd Edition, 2008, Knee Complaints, page 1019 and <http://www.guideline.gov/content.aspx.id=38289>.

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 request for follow-up and follow-up visit in 8-10 weeks is not medically necessary. The previous request was denied on the basis with the denial of the proposed surgical procedure, this request is negated. The information provided did not indicate any specific medical comorbidities other than obesity that would require preoperative evaluation and follow-up. The medical record documentation provided for review does not indicate an ongoing plan of treatment that requires frequent monitoring/reevaluation and no prescriptions that would require reevaluation. After reviewing the clinical documentation provided, the request was deemed not medically necessary.

INTERNAL MEDICINE SURGICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Knee Complaints, page 1019 and <http://www.guideline.gov/content.aspx.id=38289>.

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 request for internal medicine surgical clearance is not medically necessary. Previous request was denied on the basis that the provided records did not indicate any specific medical comorbidities that would require preoperative evaluation and follow-up. The medical record documentation provided for review did not indicate ongoing plan of treatment and monitoring/reevaluation or any prescriptions that would require reevaluation. Given this, the request was considered not medically necessary based on Official Disability Guidelines (ODG).