

<b>Case Number:</b>	CM14-0028163		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/04/1998
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 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 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 51 year old male with an injury date of 11/04/98. Based on the 10/07/13 progress report provided by [REDACTED], the patient complains of "aching and discomfort in the anterior medial aspect of his left knee, but overall he feels improvement from the surgery that was performed in December 2012, partial medial meniscectomy 80%." There were no diagnoses included. [REDACTED] is requesting for a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW UP APPOINTMENT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** According to the 10/07/13 report by [REDACTED], the patient presents with aches and discomfort in the anterior medial aspect of his left knee. The request is for a follow up appointment. In regards to follow-up visits, MTUS page 8 require that the physician monitor the patient. Follow-up visitations are needed to monitor patient's progress. Therefore, given the

patient's persistent symptoms, the request for follow-up appointment is medically necessary and appropriate.