

Case Number:	CM14-0087139		
Date Assigned:	07/23/2014	Date of Injury:	12/22/1997
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery 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 54-year-old female with a reported date of injury on 12/20/1997; the mechanism of injury was a slip and fall. The injured worker was diagnosed with compression/contusion injury to the left knee with chronic pain. Prior treatments included an H-Wave unit, a TENS unit, physical therapy, and corticosteroid injections to the left knee. Diagnostic studies included x-rays. The clinical note dated 03/12/2014 noted the injured worker reported intermittent, severe bilateral knee pain which was increased with prolonged sitting and walking. The injured worker indicated medications were helping her pain. The physician recommended a corticosteroid injection and continuation of medications. The clinical note dated 04/23/2014 noted the injured worker reported intermittent moderate bilateral knee pain which was increased with prolonged standing and walking. The injured worker indicated medications were helping. There was decreased range of motion to the left knee with tenderness. The physician recommended the injured worker continue medications. The injured worker's medication regimen included naproxen, tramadol, and a topical analgesic comprised of tramadol, dextromethorphan, and capsaicin. The physician's treatment plan included recommendations for continuation of medications. The physician's rationale for the request was not indicated. The Request for Authorization was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up appointment as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Official Disability Guidelines note the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Per the provided documentation the injured worker was seen on 04/23/2014 with reports of moderate bilateral knee pain with decreased range of motion and tenderness. The physician recommended the injured worker continue her medication regimen. There is a lack of documentation indicating when the injured worker was last seen. There is no documentation indicating a change in treatment which would require frequent follow-up. The requesting physician's rationale for the request is not indicated. As such, the request for Follow-up appointment as an outpatient is not medically necessary.