

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0201820 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 11/22/2005 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 22, 2005. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a follow-up visit. Non-MTUS ODG Guidelines were invoked to deny a follow-up visit, apparently on the grounds that the claims administrator had concomitantly denied request for viscosupplementation injections. The claims administrator referenced progress notes of January 9, 2014, May 8, 2014, and November 24, 2013, in its denial. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant reported persistent complaints of knee pain status post earlier knee arthroscopy and earlier knee ACL reconstruction surgery. The attending provider contended that earlier viscosupplementation injections had proven beneficial. The applicant was asked to follow up on as-needed basis and pursue viscosupplementation injection therapy. The applicant was given one viscosupplementation injection in the clinic setting. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit: Overturned

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, frequent followup visits are "often warranted" for monitoring purposes in order to provide structured reassurance even in applicants whose conditions are not expected to change appreciably since the date of visit. Here, the applicant does have persistent, ongoing longstanding knee pain complaints. The applicant is status post a recent viscosupplementation injection. A followup visit would be beneficial to determine the applicant's response to the recent injection. Therefore, the request is medically necessary.