

Case Number:	CM14-0049996		
Date Assigned:	07/07/2014	Date of Injury:	03/13/2013
Decision Date:	01/02/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

43-year-old injured worker was reported industrial injury of March 13, 2013. The patient sustained injuries to the right shoulder right upper back right ankle and foot. MRI right knee from September 19, 2013 demonstrates an oblique tear of the posterior horn of medial meniscus and subcutaneous prepatellar edema. Operative report from November 11, 2013 demonstrates claimant is status post right knee arthroscopy with partial medial meniscectomy and chondroplasty. Exam from March 21, 2014 demonstrates complaint of continued pain right knee with range of motion from 0-135.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits times 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation, Integrated treatment/disability guidelines, Knee and Leg (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence or failure of conservative care to warrant follow of visits for the knee. Therefore the determination is for non-certification.