MAXIMUS Federal Services

| Case Number: | CM15-0108644 | | |
|---|---|---|---|
| Date Assigned: | 06/16/2015 | Date of Injury: | 08/09/2012 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 59 year old male, who sustained an industrial injury on 8/9/12. The injured worker has complaints of throbbing neck pain and weakness and constant severe stabbing low back pain and heaviness. The injured worker has complaints of constant severe throbbing left knee pain and numbness and constant moderate throbbing right knee pain and weakness. The documentation noted the cervical, lumbar, left knee and right knee range of motion are decreased. There is +3 tenderness to palpation of the cervical paravertebral muscles and lumbar paravertebral muscles. There is +3 tenderness to palpation of the anterior knee, medial knee and lateral knee and +2 tenderness to palpation of the anterior knee, medial knee and medial joint line. The diagnoses have included cervical sprain/strain; cervical myofascitis and cervical disc protrusion with bilateral nerve root compromise. Treatment to date has included inflammation medications; crutches; physical therapy; acupuncture; electric shock wave stimulation; magnetic resonance imaging (MRI) of the neck, low back and left knee revealed damaged knee and bulging discs on his back and right knee surgery in December 2012. The request was for follow up visit with orthopedist (bilateral knees) and evaluation by physician.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit with orthopedist (bilateral knees):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg /Office Visits.

**Decision rationale:** Per MTUS guidelines, patients with knee complaints should have follow-up every three to five days, whether in person or with brief telephone or e-mail contact, by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. The practitioner can answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified or full-work activities. Physician follow-up is appropriate when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. In this case, the injured worker is awaiting authorization for left knee surgery. There is no rationale within the available documentation for a f/u visit with the orthopedist prior to the surgery approval. The request for follow up visit with orthopedist (bilateral knees) is determined to not be medically necessary.

**Evaluation by physician:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter: Office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg /Office Visits.

**Decision rationale:** Per MTUS guidelines, patients with knee complaints should have follow-up every three to five days, whether in person or with brief telephone or e-mail contact, by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. The practitioner can answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified or full-work activities. Physician follow-up is appropriate when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. In this case, the injured worker is awaiting authorization for left knee surgery. There is no rationale within the available documentation for an evaluation with the physician prior to the surgery approval. The request for evaluation by physician is determined to not be medically necessary.