

<b>Case Number:</b>	CM15-0166344		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Texas, New York, 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 applicant is a represented 61-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of April 19, 2013. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve a request for an orthopedic follow-up visit. The claims administrator referenced an RFA form received on July 16, 2015 in its determination. A June 17, 2015 office visit was also cited. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported ongoing complaints of chronic low back and knee pain. The applicant was given Naprosyn and Protonix. The applicant's work status not detailed, although it did not appear the applicant was working. The note was very difficult to follow and not altogether legible. A July 8, 2015 medical-legal evaluation suggested the applicant had been off of work for a lengthy amount of time and has longstanding back and knee pain complaints. The applicant had apparently received various injections over the course of the claim, it was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with ortho:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Yes, the proposed follow-up visit with an orthopedist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted in order to provide structure and reassurance even in those applicants, whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant had ongoing, longstanding knee pain complaints. Obtaining a follow-up visit with an orthopedist was, thus, indicated on several levels, including to consider further injection therapy and, potentially, for disability management and/or medication management purposes. Therefore, the request was medically necessary.