

<b>Case Number:</b>	CM15-0184003		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury on 10-22-14. The medical records indicate that she is being treated for arthritis of the left knee; osteoarthritis of the knee; knee pain; morbid obesity. She currently (7-22-15) complains of left knee pain, swelling and stiffness. Her pain level is 8 out of 10 and is unchanged per note. She is weight bearing without assistive devices. On physical exam, there was anterolateral pain bilaterally with active range of motion, no instability. She has had MRI of the left lower extremity (3-25-15) showing medial compartment arthrosis with minimal chondromalacia, patellofemoral and lateral; left knee x-ray (7-22-15) consistent with MRI. She was treated with a steroid injection (4-2015) without benefit and felt that her pain increased from the injection; medication: ibuprofen; physical therapy 12 sessions with no relief. The request for authorization dated 8-6-15 was for post-operative orthopedic office visit. On 8-17-15 Utilization Review non-certified the request for post-operative orthopedic visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative orthopedic visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition 2004 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the request is for a post- operative evaluation. However, the operation itself has been denied and therefore the request is not medically necessary.