

<b>Case Number:</b>	CM15-0044137		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	02/27/2001
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Arizona, California  
 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:

This 44-year-old male sustained a work related injury on 02/27/2001. According to a progress report dated 02/18/2015, the provider made reference to an attorney letter that suggested that the injured worker had reached maximum medical improvement. Because of this, the provider requested authorization from the insurance carrier to move forward with diagnostic x-rays and additional MMI (maximum medical improvement) report. Physical examination of the knee was unchanged. He had gross crepitus coming from the patellofemoral joint. He had ligamentous laxity secondary to the degenerative changes most noticeable in the medial left knee. The injured worker's weight remained static. Impression was noted as chronic left knee pain complaints secondary to degenerative joint disease. Diagnoses included muscle weakness (generalized), chondromalacia of patella and pain in joint left lower leg. The provider had no recommendations and was awaiting authorization for the new Maximum Medical Improvement report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up office Visit:** 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) Treatment Index, Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain guidelines and Office visits- 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant had stable weakness and chondromalacia. The request for an additional follow-up is not substantiated and not medically necessary.

**MMI Improvement report:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- office visits pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, there was no indication on the need for a visit or need for performing a final MMI. It was noted that the claimant had no other change in plan or intervention and the interpretation was that the claimant was stationary. The request for a final report MMI is not medically necessary.