

<b>Case Number:</b>	CM15-0058177		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Connecticut, California, Virginia  
 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 62 year old female who sustained an industrial injury on 04/21/2010. Diagnoses include thoracic disc protrusion, lumbar disc protrusion, lumbar sprain /strain, right knee internal derangement, right knee sprain/strain, and right ankle sprain and strain. Treatment to date has included diagnostic studies, medications, and psychotherapy. A physician progress note dated 03/10/2015 documents the injured worker has pain in the thoracic spine, which he rates as 7 out of 10. Pain the lumbar spine, lower back is rated as 7 out of 10. Right knee pain and right ankle pain is rated as 9 out of 10. Tenderness is present in the bilateral S1 joints and lumbar paravertebral muscles, and spasms are noted in the lumbar paravertebral spinal muscles. There is tenderness and spasm of the right posterior and anterior knee. Oral medications were ordered. Treatment requested is for follow up office consultation as related to cervical, thoracic, lumbar spine and right knee injury as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up Office Consultation As Related To Cervical, Thoracic, Lumbar Spine And Right Knee Injury, As Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** There is no specific guidance or criteria regarding follow up clinic visits in the MTUS, however, the MTUS does utilize the ACOEM guidelines, and according to the section on Cornerstones of Disability Prevention and Management, clinicians can provide extra support to make sure anxious or reluctant patients return to full function as soon as possible in order to avoid inadvertently rewarding avoidance behavior or phobic-like reactions. Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. In this case, however, the provided documents give very little objective detail with respect to exam findings, other than essentially normal ranges of motion. For a patient with severe knee pain, etc., there is no evidence of exam findings to include tests for stability, integrity of ligaments, meniscal signs, etc. Given the rather sparse details of exam findings and lack of details with respect to treatment plan and prognosis, follow up as requested is not medically necessary.