MAXIMUS Federal Services

Case Number:	CM14-0168360		
Date Assigned:	10/16/2014	Date of Injury:	09/06/2013
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female with date of injury of 09/06/2013. The listed diagnoses per [redacted] from 09/10/2014 are: 1.Right wrist sprain.2. Left wrist SC ligament tear.3.Left ECU tendinitis.4.Right hand osteoarthritis.5.Left hand osteoarthritis.6.Right knee osteoarthritis.7.Bilateral carpal tunnel syndrome.8.Right knee degenerative medial meniscal tear. According to this report, the patient complains of bilateral wrist and right knee pain. The patient is scheduled for left hand surgery on 09/15/2014 with [redacted]. In regards to her right wrist, the patient complains of little stabbing pains alone with burning. She reports numbness throughout the entire wrist and hand at a rate of 8/10. The left wrist is characterized as burning and little stabbing pains at the joint line to the fingertips with numbness during increased use. She rates her pain 8/10. She describes her knee pain 7/10 to 9/10 on the pain scale and she feels numbness located at the top and bottom of the patella that will radiate to her toes. The examination show flexion deformity in the DIP joint and extension deformity in the PIP joint in the middle and ring fingers of the right wrist. Tinel's, Phalen's, Finkelstein's and ulnar impaction are positive. Sensation is normal to the radial, median, ulnar and axillary nerves. Deep tendon reflexes are 2+ in the biceps brachioradialis and triceps. The right knee shows that the joint is stable and tracks well with range of motion. There is no instability with manipulation or weight bearing. Patellar grind, McMurray's and Apley's compression are positive. Normal reflexes in the Achilles and quadriceps. The utilization reviewer denied the request on 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment in 3 months.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 13Follow Up Visits Page(s): 341.

Decision rationale: This patient presents with bilateral wrists and right knee pain. The provider is requesting a follow-up appointment in 3 months. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in person or telephone. The utilization review denied the request stating that the current orthopedist requesting the follow-up appointment is no longer providing any treatment to the patient. The patient has now been referred to a hand specialist for the wrist and joint replacement specialist for the knee. In this case, the provider is requesting one follow-up appointment to monitor and review the patient's status, and the request is reasonable, therefore it is medically necessary.