

Case Number:	CM14-0215825		
Date Assigned:	01/05/2015	Date of Injury:	01/14/2006
Decision Date:	02/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 man with a date of injury of 1/14/06. He was seen by his primary treating physician on 11/24/14 with bilateral knee and left ankle pain that was chronic with surgeries not being significantly helpful in reducing his pain. He was using chronic opioids, lyrica and voltaren gel and stated his pain was controlled to do activities around the house. His exam was described as unchanged and still showing tenderness throughout the right and left knee and ankles. He had palpable paralumbar muscle tenderness with some spasm. His diagnoses were chronic pain of right knee status post crush injury with 8 surgeries including a total knee replacement, left ankle pain with limited motion, compensatory pain in left knee, lumbar pain due to compensation from lower leg symptoms and history of significant degenerative disk disease with central stenosis. Medication refills were provided. A specific follow up plan is not documented in the note. At issue in this review is the request for follow up visits with his primary care provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with PCP (primary care provider) x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Keg Procedure Summary last updated 10/27/2014 and Ankle & Foot Procedure Summary last updated 10/29/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: This worker has been injured since 2006 and has chronic knee and ankle pain. Physician follow-up is appropriate when a release to modified-, increased-, or full-duty work is needed, or after appreciable healing or recovery is expected. In this case, the worker was 'permanent and stationary' for his work related visit and 'appreciable' healing and recovery is not expected as the symptoms are chronic. The treatment plan is not documented nor is a plan for frequency of follow up visits. The follow up visits with a PCP x 3 are not medically substantiated based upon the available records.