

Case Number:	CM15-0019155		
Date Assigned:	02/09/2015	Date of Injury:	02/18/2014
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 68 year old female with an industrial injury dated February 18, 2014. The injured worker diagnoses include left displaced comminuted patellar fracture, closed, left ankle pain with mild partial posterior tibialis tendon tear, and status post left knee patellar tendon repair and inferior pole excision 3/13/2014. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. In a progress note dated 12/4/2014, the injured worker complained of left posterior knee and left ankle pain. The injured worker rated her pain a 7/10. Physical exam was unremarkable with the exception of a decrease left knee flexion. According to the progress note dated 12/8/2014, the treating physician noted a healthy appearing female in no acute distress. Documentation noted that her incisions were well healed without erythema, drainage or signs of infection. Her quad strength had improved and straight leg raises were intact. The treating physician prescribed services for a follow up evaluation with an urgent care/occupational medicine specialist for the left knee. Utilization Review determination on January 14, 2015 denied the request for follow up evaluation with an urgent care/occupational medicine specialist for the left knee, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up Evaluation With An Urgent Care/Occupational Medicine Specialist Left Knee:
Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.
Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, follow-up evaluation with urgent care for occupational medicine specialist left knee. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are status post fall injury; left patella fracture status post ORIF; hypertension; and left ankle pain. The documentation indicates the treating physician requested follow-up evaluation with the orthopedic surgeon. This follow-up evaluation was certified. Concurrently, the treating physician requested a follow-up evaluation with occupational medicine specialist. The follow-up evaluation with the occupational medicine specialist will be considered after completion of the follow-up evaluation with the orthopedic surgeon and his continued treatment plan. Consequently, pending completion of the orthopedic specialist consultation, follow-up evaluation with urgent care for occupational medicine specialist left knee is not medically necessary.