

Case Number:	CM15-0073123		
Date Assigned:	04/23/2015	Date of Injury:	02/03/2010
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, 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:

The injured worker is 59 year old female, who sustained an industrial injury on February 3, 2010. The injured worker has been treated for low back and left knee complaints. The diagnoses have included lumbar disc herniated nucleus pulposus, lumbar spinal stenosis, foraminal stenosis, lumbar radiculopathy, lumbar facet syndrome, chronic right knee pain and right knee osteoarthritis. Treatment to date has included medications, radiological studies, physical therapy, acupuncture treatments, electrodiagnostic studies and viscosupplementation injections. Current documentation dated February 25, 2015 notes that the injured worker reported intermittent low back pain rated at a six-eight out of ten on the visual analogue scale. She also reported constant left knee pain with swelling, popping and clicking. Physical examination of the right knee revealed tenderness to palpation over the medial joint line and a decreased range of motion. Crepitus was also noted with range of motion. The injured worker was noted to have significant relief of the knee pain with viscosupplementation in the past. The treating physician's plan of care included a request for a follow-up evaluation after the authorization of the injection. Any evidence of authorization of the injection was not specified in the records provided. Any operative/procedure note was not specified in the records provided. Whether patient had received injection or not was not specified in the records provided. Patient was requested authorization of right knee injection. It is noted in the peer review that the patient was non-certified for repeat supartz injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation after the authorization of the injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Follow up evaluation after the authorization of the injection MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Evidence of authorization of the injection was not specified in the records provided An operative/procedure note was not specified in the records provided. Whether patient had received the injection or not was not specified in the records provided Patient was requested authorization of right knee injection It is noted in the peer review that the patient was non-certified for repeat supartz injection. The medical necessity of the request for Follow up evaluation after the authorization of the injection is not fully established for this patient therefore the request is not medically necessary.