

<b>Case Number:</b>	CM15-0073177		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina, Georgia  
 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:

This 55 year old female sustained an industrial injury to the knee, low back and left buttocks on 4/14/10. Previous treatment included magnetic resonance imaging, left knee arthroscopy, physical therapy, epidural steroid injections, cognitive behavioral therapy, transcutaneous electrical nerve stimulator unit, injections, knee brace, Robo pillow and medications. In a PR-2 dated 4/14/15, the injured worker complained of pain to the left buttocks 3/10 on the visual analog scale. The injured worker had fallen on 4/2/15 secondary to knee pain and instability. Current diagnoses included lumbago, other pain disorders related to psychological factors, chronic pain syndrome, cervicgia and cervical spine degenerative disc disease. The treatment plan included greater trochanteric injection, medications (Butrans, Baclofen, Lidoderm, Cymbalta, Abilify and Remeron), continuing use of leg brace and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly follow up visits Qty: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** ACOEM indicates that follow up visits should be pursued as indicated by response to treatment. In this case, the claimant has ongoing pain and a period of monthly follow up is reasonable. However, six monthly visits is excessive as it is impossible to predict at the time of the request the number of visits as the response to treatment changes may improve symptoms sooner than a 6 month time period. The initial UR review modified the request to 3 monthly follow up visits. The request for six monthly follow up visits is not medically necessary.