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| Case Number: | CM15-0079610 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 09/18/2014 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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
Certification(s)/Specialty: Emergency 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 56 year old female, who sustained an industrial injury on September 18, 2014. The injured worker was diagnosed as having left knee meniscus tear and bilateral knee patellofemoral joint chondromalacia. Treatment and diagnostic studies to date have included surgery, physical therapy and medication. A progress note dated March 9, 2015 provides the injured worker complains of left knee pain, swelling and weakness. Physical exam notes tenderness, positive McMurray's click and weakness. The plan includes additional exercises and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Primary Treating Physician Follow-up evaluation for left knee injury, as an outpatient on 3/23/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Knee>; Table 2, Summary of Recommendations, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Follow-up visits Page(s): 177.

Decision rationale: The requested 1 Primary Treating Physician Follow-up evaluation for left knee injury, as an outpatient on 3/23/15, is medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Follow-up visits, Page 177 and other body part chapters are equal: visits every 3-5 days with a mid-level practitioner (may be on-site or by phone if the injured worker has returned to work); physician visits for changes in work status or after appreciable healing expected, every 4-7 days if off work and every 7-14 days if working. The injured worker has left knee pain, swelling and weakness. Physical exam notes tenderness, positive McMurray's click and weakness. The treating physician has documented ongoing symptoms and positive exam findings that do require follow-up evaluation and potential additional treatment. The criteria noted above having been met, 1 Primary Treating Physician Follow-up evaluation for left knee injury, as an outpatient on 3/23/15 is medically necessary.