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| Case Number: | CM15-0099526 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 03/29/2012 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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:

This is a 60-year-old female patient who sustained a work related injury March 29, 2012, after a fall, with injury to her nose, right knee, right wrist, and low back. Diagnoses are chronic right knee, worsening; failed right knee surgery 4/2012; chronic lumbosacral pain with radiation to right lower extremity with exacerbation 2/15/2015. According to a primary treating physician's progress report, dated April 13, 2015 and 5/11/15 she had complaints of right knee pain and low back pain, which radiates to the right lower extremities. The physical examination revealed height 5'10" 225 pounds, range of motion right knee- 15-120 degrees/0-130 degrees, range of motion low back- flexion 35/60 degrees, extension 12/25 degrees, Left lateral flexion 20/25 degrees and right lateral flexion 15/25 degrees, positive straight leg raise. The medications list includes norco, theraamine, terocin patch, genicin and somnicin. Past history included hypertension, right knee arthroscopy June 2012, s/p right knee arthroscopy, partial medial and lateral meniscectomy and chondroplasty April 2013, s/p lumbar spine surgery December 2011 and November 2014. Treatment plan included; scheduling one of two approved chiropractic treatment, continue with the home exercise program, instruction to start a calorie reduction program and anaerobic program for weight loss. At issue, is the request for a follow-up visit in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit in 4-6 weeks, unspecified body part: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

Decision rationale: Request- Follow-up visit in 4-6 weeks, unspecified body part
MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127 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." Per the doctor's note dated 4/13/15 and 5/11/15, she had chronic right knee pain and low back pain, which radiates to the right lower extremities. The physical examination revealed height 225 pounds weight, decreased range of motion of the right knee and lumbar spine and positive straight leg raise. The patient was prescribed an opioid- norco. Patient has medical history of hypertension and surgical history including right knee arthroscopy June 2012; right knee arthroscopy, partial medial and lateral meniscectomy and chondroplasty April 2013, lumbar spine surgery December 2011 and November 2014. Patient was advised chiropractic treatment; continue with the home exercise program, to start a calorie reduction program and anaerobic program for weight loss. This patient has a complex history of chronic pain along with recent abnormal objective findings. A follow up visit is medically necessary to monitor the patient's condition and manage her pain symptoms as well as to monitor the use of the prescribed opioid- norco. The request for Follow-up visit in 4-6 weeks, unspecified body part is deemed medically appropriate and necessary for this patient at this juncture.