

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/28/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 10/31/2011
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006208

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 39-year-old male who reported an injury on 10/31/2011 with accumulative trauma. The patient was noted to have right knee pain that comes and goes, and the patient radiated into the thigh and hip. The patient's range of motion maneuvers were reduced. The diagnosis was stated to include right knee meniscal tear, medial. The treatment requested was noted to be Prilosec 20 mg #30 and an MRI for the right knee.

IMR DECISION(S) AND RATIONALE(S)

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

1. Prilosec 20 mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines, pg 68, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section PPI, pg.68, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS Chronic Pain Guidelines recommend treatment using a proton pump inhibitor (PPI) for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drugs (NSAID) therapy. The clinical documentation submitted for review fails to provide that the employee had subjective complaints of dyspepsia and it failed to provide the necessity of the requested medication. **The request for Prilosec 20 mg #30 is not medically necessary and appropriate.**

2. MRI for right knee is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition(2004), Chapter 13), pgs 341-343, which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines recommend an MRI after a period of conservative care and observation. The employee's current complaints were noted to be a right knee pain that comes and goes with pain radiating into the thigh and hips and range of motion maneuvers that were reduced. Objective findings included tenderness to palpation over the medial joint line with pain that radiated to the right hip. The clinical documentation submitted for review failed to provide documentation of conservative care regarding the knee. Additionally, it failed to provide findings suggestive of the necessity for the testing. **The request for an MRI of the right knee is not medically necessary and appropriate.**

/sm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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