

Case Number:	CM13-0014635		
Date Assigned:	10/07/2013	Date of Injury:	04/10/2008
Decision Date:	02/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/22/2013

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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who reported an injury on 04/10/2008 that ultimately needed surgical intervention. The patient underwent right knee arthroscopy on 01/30/2013. The patient's surgery was followed by postoperative physical therapy and medication management. The patient's most recent clinical evaluation revealed a positive McMurray's sign, tenderness to palpation along the medial and lateral joint lines, a positive right sided grind test, and right knee range of motion restricted to 91 degrees in flexion. The patient's diagnoses included status post left knee scope with partial left medial and lateral meniscectomy, synovectomy, and chondroplasty, and right knee recurrent meniscal tear with baker's cyst and tricompartmental osteoarthritis. The patient's treatment plan included surgical consultation for total knee replacements, an MRI of the right knee, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine, #270 between 4/16/2013 and 4/16/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Theramine.

Decision rationale: The Physician Reviewer's decision rationale: The requested Theramine #270 between 04/16/2013 and 04/16/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints and would benefit from medical management. However, Official Disability Guidelines do not recommend the use of Theramine in the management of chronic pain due to lack of scientific evidence to support the efficacy and safety of this medication. As such, the requested Theramine #270 between 04/16/2013 and 04/16/2013 is not medically necessary or appropriate.