

Case Number:	CM13-0016249		
Date Assigned:	01/10/2014	Date of Injury:	06/18/2012
Decision Date:	03/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/26/2013

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 43-year-old male who reported a work-related injury on 6/18/12. The mechanism of injury was not specifically stated. The patient is diagnosed as status post right knee lateral meniscal tear, right knee mechanical symptoms, and right knee chondromalacia. The patient was seen by [REDACTED] on 8/7/13, and reported persistent right knee pain. The patient was status post right knee arthroscopy with synovectomy and meniscectomy on 7/8/13. Physical examination revealed a well-healed incision with 0 to 90 degree range of motion. Treatment recommendations included a neoprene knee sleeve, a prescription for Terocin lotion, and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 postoperative physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that an initial course of therapy consists of one-half of the number of visits specified in the general course of therapy for the specific surgery. Postsurgical treatment following a meniscectomy includes 12 visits over 12

weeks; thus, the initial course would consist of six visits. The current request for 12 sessions of postoperative physical therapy exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

Theramine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Theramine is a medical food which has been intended for the management of pain syndrome. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. As guidelines do not recommend the use of this medication, the current request is not medically appropriate. As such, the request is non-certified.