MAXIMUS Federal Services

Case Number:	CM13-0026378		
Date Assigned:	11/22/2013	Date of Injury:	08/05/2008
Decision Date:	01/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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.

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 35-year-old male who reported an injury on 08/05/2008. The patient is currently diagnosed with status post below the knee amputation of the right lower extremity, left knee meniscus tear, lower back pain secondary to antalgic gait, and left ankle and foot tendinitis secondary to altered gait. The patient was seen by [redacted] on 10/22/2013. The patient reported spasming and tension at the stump site. Objective findings included intact sensation, well-healed scars, positive medial joint line tenderness and a discrepancy with the stump to socket. Treatment recommendations included TENS therapy, continuation of current medications and authorization for a left knee arthroscopy with partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement right leg prosthesis - athletic knee with flexible knee interface for active lifestyle: 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), Knee & Leg Chapter, Procedure Summary..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Prostheses (artificial limb).

Decision rationale: Official Disability Guidelines note that a high activity knee control frame is considered medically necessary for patients whose function level is 4 or above. The patient's current prosthesis is reported to have a broken foot and socket discrepancy. Documentation does not discuss what adjustments have been provided to the current prosthesis and does not discuss whether this is for the high activity water sports leg or a different prosthesis. Documentation also fails to provide details as to why an athletic knee is required for this patient. Based on the clinical information received, the medical necessity for the requested prosthesis has not been established. As such, the request is noncertified.

Ultram ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, there is no documentation of pain scores to warrant the need of ongoing analgesia from opioids. Additionally, there is no documentation of efficacy with prior usage of this medication. Satisfactory response to treatment has not been indicated by a decrease in pain, increase in function, or improved quality of life. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is noncertified.

Voltaren 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient does demonstrate medial joint line tenderness on the left knee without laxity. However, documentation lacks pain scores, as NSAIDs are recommended for moderate to severe pain. There is no evidence of a failure to respond to previous conservative treatment with acetaminophen as recommend by California MTUS Guidelines. As guidelines do not recommend long term use of this

medication, the current request cannot be determined as medically appropriate. As such, the request is noncertified.