MAXIMUS Federal Services

Case Number:	CM13-0065741		
Date Assigned:	01/03/2014	Date of Injury:	04/10/2012
Decision Date:	04/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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/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 56-year-old male with a date of injury of 04/10/2012. The patient was seen on 10/16/2013 for a follow-up regarding the bilateral knees. The patient is status post a left total knee arthroplasty on 07/01/2013; the patient stated that he was doing well with regards to the left knee. The patient stated that he has been doing his home exercise program but continues to have pain and limitations in the right knee and would like to discuss options for surgical intervention. On physical exam, it was noted that as far as the left knee, mild swelling was noted; adequate range of motion was noted with up to full extension. Flexion was up to 115 to 120 degrees. There was negative ligamentous instability noted to the left knee. Inspection of the right knee showed a positive boggy synovium noted and varus deformity to the right knee. Tricompartmental tenderness was note; range of motion was 0 to 125 with positive pain and crepitus noted. The physician's assessment and diagnoses for the patient were end stage osteoarthritis, right knee, and status post left total knee arthroplasty on 07/01/2013. The plan was to submit authorization for a right total knee arthroplasty, continue with a home exercise program, continue activity modification and refill Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LEFT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does recommend for postsurgical treatment guidelines, a 24 visit limitation for chiropractic, occupational and physical therapy. The documentation provided on 10/16/2013 noted that the plan was to submit for a right total knee arthroplasty, a home exercise program and continued activity modification. The documentation provided does not note whether the right total knee arthroplasty has been completed as of this date. It does state that as far as physical therapy concerning the left total knee arthroplasty, the patient has completed 25 sessions. On the 10/16/2013 office visit, the patient stated that he was doing very well with regards to the left knee and had been doing his home exercise program. The request for physical therapy twice a week for six weeks for the left knee is not medically necessary and appropriate.

DULCOLAX #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Manufacturer, Boehringer Ingelheim (2005), Dulcolax Oral, or Carters Little Pills (Bisacodyl-oral)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, recommends initiating therapy for opioids. MTUS Guidelines do note that prophylactic treatment of constipation should be initiated. The documentation of 10/16/2013 does not establish a complaint of constipation or the need for Colace and/or Dulcolax at this point. The request for Dulcolax #15 is not medically necessary and appropriate.

DULCOLAX #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Manufacturer, Boehringer Ingelheim (2005), Dulcolax Oral, or Carters Little Pills (Bisacodyl-oral)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, recommends initiating therapy for opioids. MTUS Guidelines do note that prophylactic treatment of constipation should be initiated. The documentation of 10/16/2013 does not establish a complaint of constipation or the need for Colace and/or Dulcolax at this point. The request for Dulcolax #15 is not medically necessary and appropriate.

COLACE 100 MG #60 TWO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Manufacturer, Roberts Pharmaceutical (2004) Colace Oral, Colace, Dialose, DSS, Surfak Constipation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, they have initiating therapy for opioids. MTUS Guidelines do state that prophylactic treatment of constipation should be initiated. Based on the medical records provided for review it seems apparent that this has been done; the timeframe is not documented on how long. In the peer review of 11/15/2013, it was noted that the patient had been continued on opiates for some time. On the 10/16/2013 office visit, there was no establishment that the patient was having any complaints of constipation. The request for Colace 100 mg, #60, two refills is not medically necessary and appropriate.