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| Case Number: | CM14-0009220 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 05/06/2003 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 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 claimant is a 56-year-old gentleman who sustained injuries to multiple body parts on May 6, 2003. The records provided for review document current treatment for the neck, shoulder, bilateral knees and low back. According to the records, the claimant is status post left knee arthroscopy with medial and lateral meniscectomy in November of 2012. The progress report of December 12, 2013 noted progressive pain about the medial left knee, and examination of the knee showed positive McMurray's testing, full range of motion, and no instability. Conservative care has included physical therapy, viscosupplementation injections, corticosteroid injections, and medications. No imaging reports were made available for review. The recommendation was made for left knee arthroscopy. The documentation indicated that prior plain film radiographs demonstrated degenerative arthrosis to each knee but there was no documentation in the report also documented that the claimant had neck pain radiating to the right shoulder. Examination findings of the neck and shoulder were not documented. In addition to the recommendation for left knee arthroscopy, the physician requested bilateral knee MRI scans with IV sedation, MRI scans of the neck, thoracic spine and right shoulder under IV sedation, and prescriptions for Valium and melatonin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Arthroscopy of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: The claimant has underlying degenerative changes in the knee and there is no indication of recent imaging to support internal derangement or pathology requiring surgery at this time. In the absence of current imaging studies there is no documentation that would support the need for repeat meniscectomy especially in the presence of advanced degenerative change as recommended by the ACOEM Guidelines. The request for left knee arthroscopy, based on the clinical information for review, particularly the underlying degenerative arthritis, the lack of recent documentation of recent conservative treatment, and the lack of current imaging would fail to support the request. Therefore, the request is not medically necessary.

Lortab Elixir 7.5/500/15ml #1350ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Lortab Elixir would not be indicated. The prescription in this case was for post-operative use. At present, there is no current indication for the role of operative arthroscopy based on review of recent clinical records. The need for post-operative analgesics in the form of Lortab Elixir would, thus, not be supported as medically necessary. Therefore, the request is not medically necessary.

One MRI of the Neck Thoracic and Right Shoulder with IV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165,177-178,196.

Decision rationale: California ACOEM Guidelines would not support the role of a cervical and right shoulder MRI. While the claimant have subjective complaints of neck, thoracic and right shoulder pain, the documentation for review does not include physical examination findings or recent conservative care to support the need of MR imaging to the neck, thoracic spine or right shoulder. Furthermore, there would be no indication for this testing to be performed with use of IV sedation. The request in this case would not be supported. Therefore, the request is not medically necessary.

One Prescription of Valium 5MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the request for Valium or benzodiazepines in the chronic setting. At this timeframe from injury, there would be no acute indication for the role of benzodiazepines which are typically not recommended for more than three to four weeks of use in the acute setting. The request in this case would not be supported as medically necessary. Therefore, the request is not medically necessary.

One Prescription of Melatonin 3MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for the managements of patients with insomnia in primary care. Madrid (Spain): Health Technology assessment Unit, Lain Entralgo Agency, Ministry of Health, Social Services and Equality (Spain); 2009, page 159.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp , 18th Edition, 2013 Updates: pain procedure - Insomnia treatment.

Decision rationale: California MTUS and ACOEM Guidelines do not address this medication. When looking at the Official Disability Guidelines, the request for melatonin or any prescription for the diagnosis of insomnia in this case would not be indicated. The medical records do not indicate that the claimant is diagnosed with insomnia or indicate that a first line treatment for insomnia has been trialed by the claimant and found to be ineffective. A lack of documentation of sleep disturbance issues or findings would fail to support the role of melatonin or any degree of insomnia related treatment. Therefore, the request is not medically necessary.