

Case Number:	CM14-0012701		
Date Assigned:	04/25/2014	Date of Injury:	08/28/2009
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 patient is a 62 year old male who was injured on 08/28/2009. The mechanism of injury is unknown. Prior treatment history has included physical therapy, Omeprazole, Tramadol, Cidaflex, and Naproxen. The patient underwent arthroscopy, arthrotomy of the left shoulder on 01/25/2013; chondroplasty of the glenoid, left shoulder arthrotomy with open subacromial decompression and repair of a tear of the rotator cuff tendon; left knee x2 arthroscopy in 2007, partial medial meniscectomy and chondroplasty of the femoral groove on a non-industrial basis in November 2010 with repeat arthroscopy of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINDORA PROGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004).

Decision rationale: The California MTUS guidelines have not addressed the issue of dispute. According to the U.S Preventive Services, weight loss is recommended for patients with a body

mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. The medical records document the patient was diagnosed with ankle, tarsus enthesopathy not otherwise specified and obesity. AME was dated 8/20/2013 revealed, in regard to the bilateral feet, the patient required weight loss and orthotic management. The guidelines do not address any specific clinic such as Lindora, as there is no indication that it would be more or less beneficial than other weight loss programs. Effectiveness of meal replacement programs has not been proven. Prior attempts at weight loss have not been documented. Medical provider instruction on simple weight loss measures involving an exercise prescription and dietary recommendations has not been documented. Medical necessity has not been established.

PODIATRY CONSULT: 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 AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL AZAMINATION AND CONSULTATION, 503-505.

Decision rationale: According to the California MTUS guidelines, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The medical records document the patient was diagnosed with ankle and tarsus enthesopathy not otherwise specified. AME was dated 8/20/2013 revealed in regard to the bilateral feet the patient required weight loss and orthotics. Podiatry referral was apparently requested for orthotics. No other rationale for podiatry referral is provided. Orthotics may be supplied by non-podiatrists. Medical necessity is not established.

PHYSICAL THERAPY (X12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California MTUS guidelines, physical medicine is recommended as a modality of treatment which is very important in reducing swelling, decreasing pain, and improving range of motion. Allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine is recommended. The medical records document the patient underwent left shoulder surgery in 1/25/2013 and received 12 session of PT. the patient was diagnosed with sprains/strains of knee and leg current tear of cartilage or meniscus of knee, ankle and tarsus enthesopathy, and shoulder

bursae and tendon disorders. As the request does not specify the body part needed for PT and exceeds the frequency and duration recommended in the guidelines, the request is not medically necessary this time.

CIDAFLEX #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: According to the California MTUS guidelines, Cidaflex is a combination of Chondroitin and Glucosamine which is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis.(Distler, 2006) Exploratory analyses suggest that the combination of Glucosamine and Chondroitin sulfate may be effective in the subgroup of patients with moderate-to-severe knee pain. The medical records document the patient underwent left knee arthroscopy twice, 1st arthroscopy was 2007 which was a partial medial meniscectomy and chondroplasty, and the 2nd arthroscopy was in 11/2/2010. According to AME dated 8/20/2013 the patient had left knee medial compartment moderate OA aggravated by the weight gain, right knee mild OR. In the presence of documented bilateral mild- moderate OR, the request meets the guideline criteria and is approved.

OMEPRAZOLE20 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the California MTUS guidelines, Omeprazole "PPIs" is recommended for patients who are at intermediate risk for GI events. The medical records document the patient was diagnosed with sprains/strains of knee and leg current tear of cartilage or meniscus of knee, ankle and tarsus enthesopathy, and shoulder bursae and tendon disorders. The current medications include Naproxen. The dose and frequency is not provided. There is no documentation of adverse gastrointestinal events. Intermediate or high-risk of gastrointestinal events is not documented. Medical necessity is not established.

TEROCIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS guidelines, Terocin patches "Lidocaine" is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The medical records document the patient was diagnosed with sprains/strains of knee and leg current tear of cartilage or meniscus of knee, ankle and tarsus enthesopathy, and shoulder bursae and tendon disorders. There does not appear to have been a trial of oral medication for neuropathic pain. Further, topical NSAIDs are recommended for short-term use only. Long-term efficacy is not established. Medical necessity is not established.