

Case Number:	CM14-0013922		
Date Assigned:	02/21/2014	Date of Injury:	06/17/2009
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 64 year old female with a date of injury of 11/12/08. The mechanism of injury occurred during a slip and fall on a piece of meat. She landing on her left knee and her right knee was pushed forward. An operative report dated 8/24/13 noted a complex total knee replacement arthroplasty right knee utilizing posterior stabilized cemented total knee arthroplasty. The progress note dated 1/3/14 listed the diagnoses/surgeries as status post left knee total knee arthroplasty as of 8/24/13, status post left knee hardware removal on 10/10/09, fracture of patella with open reduction internal fixator on 7/17/09, right shoulder tendonitis, impingement, rotator cuff tear related to the work injury on 11/12/08 and exacerbated by a fall injury on 3/14/12; she landed on the right knee and the right shoulder. She is also suffering from a tibial plateau fracture of the right knee, lateral epicondylitis of the right elbow, tendonitis, carpal tunnel syndrome of the right hand, herniated lumbar disc with radiculopathy, anxiety, depression, NSAID related gastritis, diabetes mellitus, and hypertension secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULT QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, third edition (2011)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, third edition (2011), Chapter 6, 163.

Decision rationale: The injured worker complained of kidney pain. According to ACOEM, a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss, and /or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient. The requesting physician did not order diagnostic studies (including urinalysis) regarding the kidney pain. The request for consultation is not warranted due to the reasoning does not have to do with the injured worker's medical stability or fitness to return to work. As such, the request is not medically necessary.

ADDITIONAL PHYSICAL THERAPY QTY: 18.00: 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 Page(s): 24.

Decision rationale: The injured worker appeared not to participate in gait training and strengthening the lower extremities according to physical therapy noted. The Postsurgical Treatment Guidelines recommend postsurgical treatment for arthroplasty of the knee at 24 visits over 10 weeks. There is a lack of documentation regarding number of visits completed. The physical therapy notes indicated that the injured worker did not participate in some of the exercises for the injured knee. There is a lack of documentation regarding functional deficits as well as lack of exceptional factors warranting additional physical therapy. As such, the request is not medically necessary.

PRILOSEC QTY: 1.00: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend clinicians to determine if the patient is at risk for gastrointestinal events before prescribing a proton pump inhibitor. Risk factors include being over the age of 65; having a history of peptic ulcer, GI bleeding or perforation; and/or concurrently using ASA, corticosteroids, anticoagulants, or high doses/multiple NSAIDs. There is a lack of documentation regarding the injured worker's use of NSAIDs that would warrant the medical necessity of this medication. The request does not include the dose or quantity of the medication. As such, the request is not medically necessary.

HYDROCODONE 10/325, #120 QTY: 1.00: 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 Page(s): 78-80.

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). The guidelines state that the use of opioids for chronic back pain appears to be efficacious, but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. The guidelines also recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines states satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation regarding efficacy and increased level of function regarding the use of this medication. There is not comparable range of motion testing or pain scale rating documentation. The injured worker has been on this medication for over 6 months. As such, the request is not medically necessary.