

<b>Case Number:</b>	CM14-0016778		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/26/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 40 year old male who was injured on 08/27/2012 while chasing somebody, went over a fence and landed wrong hurting his right knee. Diagnostic studies reviewed include MRI of the right knee dated 09/14/2012 revealing posterior horn of the medial meniscus appears to be intact. Lateral meniscus is intact. The cruciate ligaments are intact. The ACL is thinned with mild increase in signal, but this is an appearance which could be normal for the age of the patient. An MRI of the right knee dated 10/16/2012 reveals there appears to be a partial tear of the distal ACL and PCL tendinosis is noted. The menisci appear to be intact. There appears to be lateral patellofemoral hyaline cartilage degenerative changes with probable micro fissures on the cartilage surface. X-rays of the right knee dated 04/01/2013 revealing images of the knee are within normal limits and are unchanged from 11/26/2007. His last MRI of the right knee was about a year ago. At that time it showed ACL thinning. He has had for about a month or five weeks of severe abdominal cramps after eating and then diarrhea. Assessment: This could be likely due to secondary or contributed by his pain medication. He takes two Norco per day. PR-2 dated 12/19/2013 documented the patient with complaints of abdominal pain and diarrhea for three months. He has bloating with that as well. He has pain in right knee, back and right leg as well as left knee pain. Diagnoses: 1. Diarrhea 2. Bilateral knee pain 3. Right leg weakness and pain. Treatment Plan: 1. Bilateral knee MRI 2. Stool for culture, ova and parasites 3. LESI 4. Prescription for probiotic SP/mp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI ON RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI.

**Decision rationale:** The CA MTUS/ACOEM states, Most knee problems improve quickly once any red-flag issues are ruled out. According to the ODG, Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The injured worker state that he felt something when stepping down a wall. there are no symptoms mentioned. There are no examination findings of left knee internal derangement. X-rays are not discussed. Conservative therapy, such as physical medicine, is not discussed. In sum, there is no evidence of internal derangement of failure of conservative therapy. The request is not medically necessary.

### **STOOL FOR CULT O & P ETC.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NO SPECIFIC CITATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://labtestsonline.org/understanding/analytes/op/tab/test>.

**Decision rationale:** The ova and parasite (O&P) exam is used to help diagnose the cause of prolonged diarrhea. It is ordered to determine whether there are parasites present in the lower digestive tract and, if so, to identify them. Since there are many other causes of diarrhea, the O&P is often ordered along with other tests, such as a stool culture, which identifies the presence of disease-causing bacteria in the stool. There is insufficient information provided regarding this request. The medical records do not provide any details regarding the patient's complaint of diarrhea/bloating. The medical records do not indicate any treatments and changes to the patient's diet have been done, to address this issue. There is no clinical evidence to support parasitic or bacterial cause of symptoms. Therefore the request is not medically necessary.

### **PROBIOTIC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NO SPECIFIC CITATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/digestive-disorders/tc/probiotics-topic-overview>.

**Decision rationale:** According to the medical literature referenced, Probiotics are bacteria that help maintain the natural balance of organisms (microflora) in the intestines. The normal human digestive tract contains about 400 types of probiotic bacteria that reduce the growth of harmful bacteria and promote a healthy digestive system. The largest group of probiotic bacteria in the intestine is lactic acid bacteria, of which *Lactobacillus acidophilus*, found in yogurt with live cultures, is the best known. Yeast is also a probiotic substance. Probiotics are also available as dietary supplements. The medical records do not establish the patient does not have adequate microflora of the intestines. The request is not medically necessary.