

Case Number:	CM14-0182650		
Date Assigned:	11/07/2014	Date of Injury:	07/17/2013
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 & rehabilitation, has a subspecialty in Interventional Spine 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 41 years old male with an injury date on 07/17/2013. Based on the 10/17/2014 progress report provided by [REDACTED], the patient came in to review the result of the MRI of the left knee that was taken on 10/08/2014. The results were post-surgical changes from a left ACL reconstruction that has taken place since the prior MRI on 08/12/2013 and there is extensive scar tissue in the infrapatellar fat pad anterior to the intact ACL graft, which is compatible with arthrofibrosis (cyclops lesion). There is isometric positioning of the femoral and tibial tunnels and no evidence for graft impingement, status post partial medial meniscectomy since the prior MRI on 08/12/2013 and there is increased horizontal linear signal in the remaining portion of the body of the medial meniscus that contacts the superior articular surface and may represent a residual meniscal tear, status post partial lateral meniscectomy since the prior MRI on 08/12/2013, and there is a complex tear of the posterior horn of the lateral meniscus, tear of the inferior popliteomeniscal fascicle, which was present in the prior MRI on 08/12/2013, tricompartmental osteoarthritis in the left knee as described above, without progression compared to the prior MRI on 08/12/2013, 10 mm and 8mm ossified loose bodies in the posterior aspect of the left knee directly posterior to the mid portion of the posterior cruciate ligament and small to moderate left knee joint effusion and a suprapatellar plica. The 08/27/2014 report indicates range of motion of the left knee is 5 degrees to about 130 degrees. Moderate crepitation in the knee is noted. Patient's diagnoses were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/2014 to 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Zofran 4mg #10: Overturned

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 Official Disability Guidelines (ODG) pain chapter: Antiemetics (for opioid nausea)

Decision rationale: According to the 10/17/2014 report by [REDACTED] this patient presents with left knee pain with restricted range of motion. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding Antiemetics, "Recommended for acute use...It is also FDA-approved for postoperative use." Review of reports show that the patient is having "left knee recurrent ACL (anterior cruciate ligament) insufficiency with arthritis, multiple loose bodies's medial and lateral meniscal tear" soon and appears to be schedule for 11/05/2014. Given that patient's pending surgery, the request post-operative Zofran for nausea appears reasonable and consistent with guidelines. Recommendation is for authorization.

Post-Op Colace 100mg #10: Overturned

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 Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 10/17/2014 report by [REDACTED] this patient presents with left knee pain with restricted range of motion. The physician is requesting Post op Colace 100mg #10 (1 twice daily) "to reduce incidence of constipation." Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. Review of reports to do not shows that the patient is on opioid therapy. However, given that patient's pending surgery, the request post-operative Colace "to reduce incidence of constipation" appears reasonable and consistent with guidelines. Recommendation is for authorization.

Post-Op Vitamin C 500mg #60: Overturned

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 <http://www.ncbi.nlm.nih.gov/pubmed/20689415>, Curr Opin Clin Nutr Metab Care. 2010 Nov;13(6):669-76

Decision rationale: According to the 10/17/2014 report by [REDACTED] this patient presents with left knee pain with restricted range of motion. The MTUS, ACOEM, ODG, and Aetna do not discuss Vitamin C. However, Curr Opin Clin Nutr Metab Care. 2010 Nov; 13(6):669-76 concludes that there is ample evidence for post-operative need for Vitamin C supplementation. The request appears reasonable, and recommendation is for authorization.

PA surgical assistant: Overturned

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): 8.

Decision rationale: According to the 10/17/2014 report by [REDACTED] this patient presents with left knee pain with restricted range of motion. MTUS page 8 requires that the physician provides monitoring of the patient's progress and make appropriate suggestions. Given that patient's pending surgery, the request PA surgical assistant appears reasonable and consistent with guidelines. Recommendation is for authorization.