MAXIMUS Federal Services

Case Number:	CM14-0192133		
Date Assigned:	11/25/2014	Date of Injury:	09/04/2009
Decision Date:	01/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency Medicine and is licensed to practice in Wisconsin 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 55-year-old male who reported an injury on 09/04/2009. The mechanism of injury was not provided. His diagnoses were not provided. Past treatments included medication. Diagnostic studies were not provided. Surgical history was not provided. On 11/24/2014, the injured worker was seen for increased low back pain and right knee pain. The injured worker had 2 episodes of severe right medial knee pain and felt lightheadedness. The patient had his knee drained 4 times since a 08/26/2013 right total knee replacement. There were recent x-rays performed of the knee. Upon examination, lumbar flexion was 40 degrees and extension 20 degrees; the straight leg raises bilaterally at 10 degrees caused back pain. Squatting caused low back pain. The PHQ-9 psychological testing score was 8/30, indicating minimal depression and anxiety. The injured worker was status post right total knee replacement on 08/26/2013 with recurrent effusion and L4-5 degenerative disc bulges with L4-5 radicular pain. The injured worker had a history of a fatty liver. The recommendations included the injured worker would bring in his most recent liver panel. The injured worker was to use aspirin 325 mg a day. He was to start 4 sessions of chiropractic care that had been approved. The rationale was not provided. The Request for Authorization was dated 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspirin 325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for aspirin 325 mg #30 is not medically necessary. The California MTUS Guidelines state anti-inflammatories are the traditional first line treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The documentation stated the injured worker had increased back pain with tingling along the lateral knee. There was a lack of a frequency provided within the request. As such, the request is not medically necessary.

Chiropractic Sessions: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The request for chiropractic sessions (8) is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation is not recommended for the knee. The injured worker had received previous chiropractic sessions in 04/2014. The injured worker had been approved for 4 additional sessions of chiropractic care. There was a lack of documentation as to the body part the request is for and the frequency and duration of treatment. As such, the request is not medically necessary.

Lab: AST: 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 NSAIDs Page(s): 70.

Decision rationale: The request for lab: AST is not medically necessary. The California MTUS guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The injured worker was to bring in recent liver test results. There was a lack of documentation of NSAID use in the injured worker in any of the documentation available for review. As such, the request for lab: AST is not medically necessary.

Lab: ALT: 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 NSAIDs Page(s): 70.

Decision rationale: The request for lab: ALT is not medically necessary. The California MTUS guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The injured worker was to bring in recent liver test results. There was a lack of documentation of NSAID use in the injured worker in any of the documentation available for review. As such, the request for lab: ALT is not medically necessary.