

Case Number:	CM14-0022642		
Date Assigned:	06/11/2014	Date of Injury:	03/25/2002
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 Family Practice, has a subspecialty in Preventive 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:

62 yr. old male claimant sustained a work related injury on 3/25/02 involving multiple areas including the lower extremities. He had undergone bilateral shoulder surgery, left Achilles surgery, and neck fusion. He has a chronic history of atrial fibrillation for which he is on warfarin. He had a prior DVT. He reinjured his left knee by twisting it in February 2014. A progress note on 2/13/14 indicated he had knee effusion and painful range of motion. He was given hydrochlorothiazide along with thigh high compression stockings and an MRI was ordered to evaluate for an intramuscular bleed. and An MRI on 2/24/14 showed a complete rupture of the quadriceps tendon and lateral meniscal tear of the knee. A repeat ultrasound showed no new DVT. An exam report on 2/25/14 indicated he had Thigh high compression stockings in place, knee effusion and decreased range of motion of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCHLOROTHIAZIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 336-342.

Decision rationale: The ACOEM and MTUS guidelines do not comment on hydrochlorothiazide for knee trauma. Hydrochlorothiazide is a diuretic intended for hypertension use. There is no mention of hypertension as it relates to the industrial injury. The exam notes do not note leg edema related to the injury but rather a knee effusion. The ACOEM guidelines do not mention the use of diuretics for knee effusions or knee trauma. In addition, the medication was prescribed along with a cardiology consultation due to need to possibly withhold warfarin since patient had atrial fibrillation. There is no comment from a cardiologist on the need for hydrochlorothiazide as it related to the injury. The use of hydrochlorothiazide is not medically necessary.