

Case Number:	CM14-0031781		
Date Assigned:	06/20/2014	Date of Injury:	08/25/1993
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 69-year-old female who reported an injury on 08/25/1993, due to cumulative trauma. The clinical note dated 02/27/2014 noted the injured worker presented with left knee pain with ambulation, trouble sleeping, and anxiety and depression. Prior treatment included surgery and medication. The diagnoses were status post left total knee arthroplasty, acute meniscal tear of the knee, encounter for cosmetic surgery, incisional hernia, hypertension, high triglycerides, epistaxis, localized superficial swelling mass or lump, trigger finger, hypercholesterolemia migraine, and goiter. The provider recommended hydrochlorothiazide. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocholrothiazide #30 times three refills.: Upheld

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) Diabetes, Hypertension treatment.

Decision rationale: The Official Disability Guidelines state that hydrochlorothiazide is recommended after a lifestyle modification to include diet and exercise. The provided documentation did not indicate that the injured worker had participated in an exercise plan, or diet modification. On examination, the injured worker's blood pressure was 138/60 for the date of 02/27/2014. The injured worker has been prescribed hydrochlorothiazide since at least 10/2013. Furthermore, the provider's request did not indicate the frequency of the medication. As such, the request for Hydrochlorothiazide #30 times three refills is not medically necessary and appropriate.