

Case Number:	CM14-0056045		
Date Assigned:	07/09/2014	Date of Injury:	09/03/2013
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 09/03/2013 after she was hit in the knee with a chair. The injured worker underwent an MRI on 10/04/2013. It was documented that the patient minimal right knee joint effusion with evidence of a lateral meniscus tear. The injured worker was evaluated on 04/08/2014. The physical findings included tenderness to palpation over the medial compartment with moderate effusion and restricted range of motion of the right knee. It was noted that the injured worker had a positive McMurray's test for click on movement. The injured worker's diagnoses included internal derangement of the right knee and right knee sprain. A request was made for surgical intervention, postsurgical medications, postsurgical physical therapy, and an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-operative physical therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The requested 12 sessions of postoperative physical therapy for the right knee are not medically necessary or appropriate. The clinical documentation submitted for

review submitted for review does indicate that the injured worker is a candidate for surgical intervention. The California MTUS recommends 12 visits of postoperative physical therapy in the postsurgical management of a meniscectomy. However, the California MTUS recommends an initial course of therapy equal to half the number of recommended visits to establish the efficacy of the treatment. This would be 6 visits. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested 12 sessions of postoperative physical therapy for the right knee are not medically necessary or appropriate.

Hydrocodone 2.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

Decision rationale: The requested hydrocodone 2.5/325 mg #120 is not medically necessary or appropriate. The California MTUS does support the use of short-acting opioids for intermittent and acute pain. The requested surgical intervention would cause intermittent and acute pain that could be controlled by a short-acting opioid. However, this treatment should only be considered for short durations of time. It is unclear why a quantity of 120 pills is needed. The frequency of treatment was not provided within the request. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested hydrocodone 2.5/325 mg #120 is not medically necessary or appropriate.

Surgical assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistants.

Decision rationale: The requested surgical assistant is not medically necessary or appropriate. The California MTUS does not address this request. The ODG recommend surgical assistance for complicated surgical interventions. The clinical documentation does not provide any evidence of co-morbidities or complicating diagnoses that put the injured worker at risk for intraoperative complications. Therefore, the need for a surgical assistant is not supported. As such, the requested surgical assistant is not medically necessary or appropriate.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested pantoprazole 20 mg #60 is not medically necessary or appropriate. The California MTUS recommends the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support the need for a gastrointestinal protectant. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested pantoprazole 20 mg #60 is not medically necessary or appropriate.