

Case Number:	CM14-0059392		
Date Assigned:	08/08/2014	Date of Injury:	03/09/2013
Decision Date:	09/16/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 37-year-old who is reported to have sustained work related injuries on March 9, 2013. It is reported that on the date of injury he was stepping out of a [REDACTED] truck when he felt something puncture his right foot. He notified his employer of his injury. He was later seen at the hospital where his wound was cleaned and he was subsequently told he had an MRSA infection and abscess in his right foot. On May 12, 2013 he is reported to have gone to a grocery store and his knee went out on him, and he subsequently fell to the ground. He was unable to get up on his own and was subsequently helped up by others. He was referred for MRI of the right knee and was noted to have an anterior cruciate ligament (ACL) disruption, bucket handle tear of the medial meniscus and SCL tear. It was noted that there was medial and lateral collateral ligament sprains, extensive trabecular bone injury of the proximal tibia, degenerative joint disease with severe chondromalacia of the medial and anterior compartments and extensive knee joint effusion. The injured worker was seen on June 4, 2014. On examination he has limited range of motion of the knee due to significant discomfort. He is unable to come to full extension and flexion is to 90 degrees secondary to pain. There is gross anterior cruciate ligament instability. Lachman's test is 2+, anterior drawer test 2+, pivot shift is 2+. There is marked medial joint line tenderness that is increased on McMurray with a pop. Radiographs revealed medial and patellofemoral degeneration with lateral patellar subluxation. He subsequently is recommended to undergo arthroscopy with an ACL reconstruction. The record contains a utilization review determination dated April 7, 2014 in which requests for orthopedic evaluation surgical consult for left knee ACL meniscal tear, transfer care, Pantoprazole 20 milligrams, and anterior cruciate ligament (ACL) brace were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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, Proton Pump Inhibitors.

Decision rationale: The injured worker has been maintained on oral medications with no evident side effects. There is no documentation of medication induced gastritis for which this medication would be indicated, and as such medical necessity has not been established. The request for Pantoprazole 20 milligrams is not medically necessary or appropriate.

1 ACL brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

Decision rationale: The request for ACL brace is recommended as medically necessary. An off the shelf ACL brace would be indicated to stabilize the knee both preoperatively and postoperatively. Therefore, the request for an ACL brace is medically necessary and appropriate.

Ortho eval-surgical consult for left knee ACL meniscal tear: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 123.

Decision rationale: The request for ortho eval surgical consult for the left knee for anterior cruciate ligament (ACL) meniscal tear is recommended as medically necessary. The submitted clinical records indicate that the injured worker sustained an injury to the right knee which subsequently resulted in a complete disruption of the ACL as well as significant trauma to the medial and lateral ligaments and menisci. Clearly, an orthopedic consult and surgical evaluation is medically necessary. Therefore, the request for an orthopedic evaluation-surgical consultation for left knee ACL meniscal tear is medically necessary and appropriate.

Transfer care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 123.

Decision rationale: The injured worker should be maintained under the care of his primary treating physician. Subsequent referrals should be under the control of this treating physician. The collation and management of the injured worker's pre and postoperative care should be managed by the secondary treating physician and the primary treating physician. The request for transfer care is not medically necessary or appropriate.