

Case Number:	CM14-0060876		
Date Assigned:	07/09/2014	Date of Injury:	08/02/2011
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 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:

This is a 59-year-old male patient who reported an industrial injury to the left knee on 8/2/2011, over three (3) years ago, attributed to the performance of his customary job tasks. The patient subsequently underwent a left knee Arthroscopy/partial meniscectomy on 1/10/2012. The patient underwent a left knee TKA on 9/18/2013 and underwent post operative rehabilitation. The patient continued to complain of knee pain. The objective findings on examination demonstrated evidence of crepitus, 0-95 degrees of motion, and pain-free passive motion. The diagnosis was status post left knee TKA; left knee osteoarthritis degenerative, and hypertension. The patient was prescribed Fosinopril 40 mg q day and Lasix 20 mg q day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fosinopril 40 mg: 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 Pain preventions and treatments page 11; medical vs. self management Model page 5 Page(s): 11; 5. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) pages 173-74.

Decision rationale: The request for authorization of the prescribed medications for Hypertension such as Fosinopril 40 mg is not demonstrated to be medically necessary for the effects of the industrial injury. The prescribed medications are directed to the underlying chronic condition of chronic essential hypertension that can lead to left ventricular hypertrophy and hypertensive heart disease. The industrial claim does not include hypertension for this patient. The prescription of Fosinopril is not demonstrated to be medically necessary for the effects of the industrial injury. The diagnosis of essential hypertension is not directly or temporally related to the mechanism of injury. There is no rationale provided by the requesting physician with objective evidence to support the medical necessity of Fosinopril for the effects of the industrial injury. There are no blood pressure readings. There is no documented functional improvement with the prescription of Fosinopril. The prescription for the Fosinopril is not supported with documented blood pressure readings over a period of time and demonstrated sustained elevated blood pressure. The treatment of the patient for hypertension is not demonstrated to be directed to the effects of the industrial injury and is clearly directed to an underlying medical issue of the patient. There were no documented blood pressure readings over time to support medical necessity. There was no rationale supported with objective evidence to support medical necessity for the effects of the industrial injury. The patient is reportedly documented with essential hypertension, which is not demonstrated to be directly or temporally related to the effects of the industrial injury. Therefore, Fosinopril is not medically necessary.