MAXIMUS Federal Services

Case Number:	CM14-0079116		
Date Assigned:	07/18/2014	Date of Injury:	04/21/2010
Decision Date:	10/09/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 & 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 with a reported date of injury on 04/21/2010. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include bilateral knee osteoarthritis, degeneration. Her previous treatments were noted to include physical therapy, home exercise program, and medications. The progress note dated 07/08/2014 revealed complaints of bilateral knee pain. The injured worker rated her pain with medications as 4/10 and without medications as 7/10. The injured worker reported she was not trying any other therapies for pain relief and was waiting for upcoming knee surgery. The physical examination of the right knee had restricted range of motion with flexion limited to 105 degrees and extension to -8 degrees. There was no tenderness on palpation and the right knee was stable to valgus stress and extension at 30 degrees. The right knee was stable to varus stress and extension at 30 degrees. There was mild effusion in the right knee joint and a positive patellar grind test. The McMurray's test was also positive to the right knee. The physical examination of the left knee noted restricted range of motion with flexion to 100 degrees and extension to -10 degrees. There was tenderness to palpation noted over the lateral jointline, medial jointline, patella, and pes anserine. The left knee was stable to valgus stress and extension at 30 degrees. The left knee was stable to varus stress and extension at 30 degrees. There was mild effusion to the knee joint and a patellar grind test was positive. McMurray's test to the left knee was also positive. The Request for Authorization form was not submitted within the medical records. The request was for a postoperative analgesic, postoperative stool softeners, postoperative blood thinners; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE ANALGESICS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: The request for POST-OPERATIVE ANALGESICS is not medically necessary. The injured worker was waiting for bilateral lateral knee surgery in 07/2014. The California Chronic Pain Medical Treatment Guidelines state opioid analgesics are a class of drugs that have a primary indication to relieve symptoms related to pain. They are considered the most powerful class of analgesics that may be used to manage chronic pain. The request failed to provide the specific postoperative analgesic requested and, therefore, is not appropriate at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for POST-OPERATIVE ANALGESICS is not medically necessary.

POST-OPERATIVE STOOL SOFTENERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The request for POST-OPERATIVE STOOL SOFTENERS is not medically necessary. The injured worker was scheduled to have surgery 07/2014. The California Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated when initiating opioids. The request failed to provide the specific medication and frequency at which the medication is to be utilized. Therefore, the request is POST-OPERATIVE STOOL SOFTENERS for not medically necessary.

POST-OPERATIVE BLOOD THINNERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The request for POST-OPERATIVE BLOOD THINNERS is not medically necessary. The injured worker was awaiting surgery scheduled 07/2014. The California Chronic Pain Medical Treatment Guidelines state in terms of the actual cardioprotective effect of aspirin, traditional NSAIDs appear to attenuate the antiplatelet of enteric coated aspirin and should taken 30 minutes after aspirin or 8 hours before. Due to the lack of documentation regarding specific blood thinner and the request failed to provide the frequency of the medication to be utilized,

postoperative blood thinners are not appropriate at this time. Therefore, the request for POST-OPERATIVE BLOOD THINNERS is not medically necessary.