

Case Number:	CM14-0082230		
Date Assigned:	07/28/2014	Date of Injury:	10/10/2013
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 55 year old with an injury date on 10/10/13. As no progress reports were provided, the diagnoses in the utilization review letter dated 5/8/14 are: 1. pain in joint, lower leg 2. Progressive muscular atrophy. 3. Old disruption of anterior cruciate ligament. No physical exam was included in provided documentation. [REDACTED] is requesting left knee functional capacity evaluation, menthoderm cream, and prilosec. The utilization review determination being challenged is dated 5/8/14. [REDACTED] is the requesting provider, and he provided no treatment reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Functional Capacity Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pg 137-138.

Decision rationale: The patient's subjective pain was not included in provided documentation. The treating physician has asked for left knee functional capacity evaluation. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the treating physician does not indicate any special circumstances that would require a functional capacity evaluation. Routine FCE's is not supported by the guidelines. Therefore the request is not medically necessary.

Menthoderm Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 105.

Decision rationale: The patient's subjective pain was not included in provided documentation. The treating physician has asked for Mentoderm cream. Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. This patient does present with chronic knee problems but there are no progress reports provided to determine whether or not this topical cream is helping the patient with pain and function. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Therefore the request is not medically necessary.

Prilosec: Upheld

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

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

Decision rationale: The patient's subjective pain was not included in the provided documentation. The treating physician has asked for Prilosec. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. There are no documentation of any GI issues such as GERD, gastritis or PUD. The treating physician does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Therefore the request is not medically necessary.