

Case Number:	CM14-0191235		
Date Assigned:	11/25/2014	Date of Injury:	08/01/2004
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 61 year old female with an injury date of 08/01/04. Based on the 09/04/14 progress report the patient complains of ongoing left shoulder and bilateral knee pain. The patient has tenderness and impingement on left shoulder. The range of motion of the left shoulder is limited. The patient has joint tenderness and S/p surgery of the right knee. Examination of left knee shows positive McMurray's and patellofemoral strain. The patient is currently off work. Her diagnoses include following: 1. Left shoulder strain 2. Bilateral knee internal derangement 3. L/S sprain/strain. The treating physician is requesting for APTRIM medical food #240, Transdermals, and Orthopedic consultation for the left knee per 09/04/14 report. The utilization review determination being challenged is dated 10/16/14. The file included one progress report from 9/4/14 and this report is hand-written and nearly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

APTRIM Medical Food, quantity 240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ptlcentral.com/medical-foods-products.php#sthash.YZZUPZZz.dpuf>

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, Medical food

Decision rationale: The patient presents with ongoing left shoulder and bilateral knee pain. The request is for APPTRIM Medical Food #240. The treater noted that "continues weight loss efforts" on 09/04/14 report. Regarding medical foods, ODG guidelines state the following under the Pain (Chronic) chapter: "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes." In this case, the treater's report does not discuss dietary deficiencies for which medical food supplementation is needed. ODG guidelines do not support medical foods. The request is not medically necessary.

Transdermals, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, topical analgesic Page(s): 8, 111.

Decision rationale: The patient presents with ongoing left shoulder and bilateral knee pain. The request is for Transdermals. Only one report was provided for this review and this progress report from 9/4/14 does not discuss this request. There is no request for authorization form and the utilization review letter is not revealing as to what the request specifically is. MTUS does not support topical products unless all of the ingredients are indicated. If one of the components are not indicated, then the entire compound is not indicated. MTUS page 8 requires that the treating physician provide patient monitoring and make appropriate recommendations. In this case, since the request is for "transdermal" without a description as to what this is, the request is not medically necessary.

Orthopedic Consultation for the left knee, quantity 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Second Edition, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with ongoing left shoulder and bilateral knee pain. The request is for Orthopedic Consultation for the left knee. ACOEM Practice Guidelines, 2nd

Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The treating physician indicates a referral for orthopedic consultation is needed. However, he does not discuss for what reason. ACOEM guidelines support referral to a specialist to aid in complex issues. MTUS page 8 states that the treater must monitor the patient's progress and make appropriate treatment recommendations. In this case, there was only one report provided for this review and no meaningful information was provided. However, given the patient's chronic knee condition, the request for orthopedic consultation is reasonable if the treater feels that a specialty consultation is needed. The request is medically necessary.