

Case Number:	CM14-0209077		
Date Assigned:	12/22/2014	Date of Injury:	11/13/2002
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 57 year old female patient who sustained a work related injury on 11/13/2002. Patient sustained the injury when she fell off of a motorcycle while she was working for the [REDACTED]. The current diagnoses include a right patellar tendon rupture and s/p right knee ACL reconstruction and S/P right knee arthroscopic meniscectomy and synovectomy. Per the doctor's note dated 11/14/14, patient has complaints of right knee pain. Physical examination of the revealed no swelling, no deformity, no ecchymosis, tenderness on palpation, painful ROM flexion 85, 5/5 strength, normal sensation and stability. The current medication list or previous medication list was not specified in the records provided. The patient has had x-rays showed a tibial component was loose; x-ray of the right knee on 01/06/2014 that revealed no evidence of failure of the components, loosening, or fracture; bone scan of the right knee on 07/09/2014 that revealed no evidence of infection or hardware loosening. She has 3 surgeries on the right knee, last a right TKA on 1/23/2013. The patient's surgical history include a right patellar tendon repair and an ACL reconstruction (2/19/03); right knee arthroscopic meniscectomy and synovectomy on 9/19/10. Any operative/ or procedure note was not specified in the records provided. The patient has received 20 post op PT visits for this injury. The post op medication list include Medication-Narcotic post-operative Percocet 1 0/325mg; one to two tab q4-6hr Quantity: 120; Xarelto or Lovenox for thirty day supply; Zofran 4mg; one tab q8hr Quantity: 20 and Colace, Senna and/or Dulcolax. On 11/20/14, Professional Dynamics UR certified the following: Surgical revision of right knee, post-op PT for 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication for post-operative care, unspecified: Overturned

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 Anti-inflammatory medications; Central acting analgesics; Opioids for neuropathic pain; NSAIDs,.

Decision rationale: As per records provided, on 11/20/14, Professional Dynamics UR certified the following: Surgical revision of the right knee. The post op medication list include Medication-Narcotic post-operative Percocet 1 0/325mg; one to two tab q4-6hr Quantity : 120; Xarelto or Lovenox for thirty day supply; Zofran 4mg; one tab q8hr Quantity : 20 and Colace, Senna and/or Dulcolax.Short term or prn use of the opioid Percocet, is medically appropriate and necessary in this patient for post operative use.Xarelto (rivaroxaban) is used for the prevention of deep vein thrombosis (DVT) in people undergoing knee or hip replacement surgery. Lovenox is also an appropriate medication for DVT prevention. As per cited guideline "recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis."Colace contains Docusate sodium.According to the Thompson Micromedex FDA labeled indication for Colace includes "constipation care."As per records provided patient is taking narcotics, which can cause constipation. Simple medications like Colace, senna or dulcolax are medically appropriate and necessary for treatment of constipation during the post operative period after revision surgery of the knee. Ondansetron is 5-HT3 receptor antagonist which acts as an anti-emetic drug. According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include," Postoperative nausea and vomiting;"Therefore the use ondansetron in this pt for post operative use is medically appropriate and necessary The request for Medication for post-operative care, as submitted, is certified as medically necessary and appropriate.