

<b>Case Number:</b>	CM15-0202334		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: North Carolina  
 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:

The injured worker is a 62 year old male who sustained an industrial injury on 12-10-2004. A review of medical records indicates the injured worker is being treated for right knee intrasubstance degeneration, anterior horn of the lateral meniscus per MRI of 7-30-2010, right oblique horizontal tear of the posterior horn of the medial meniscus per MRI, and right knee joint effusion. Medical records dated 8-20-2015 noted pain over the right shoulder rated a 5 out of 10. Physical examination noted range of motion maintained forward flexion to 150 degrees, extension to 40 degrees, abduction to 150 degrees, adduction to 30 degrees, internal rotation to 80 degrees and external rotation to 80 degrees. There was tenderness to palpation over the subacromial space. Treatment has included Ibuprofen and Anoro Ellipta since at least 8-20-2015. Utilization review form dated 10-9-2015 noncertified stiolto respimat, refill of theo 24 300mg, and follow up of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stiolto Respimat 2.5mg #1 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, stiolto respimat.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of COPD and restrictive airway disorders. There is no documentation that the patient has any of these diagnoses due to industrial incident. The medication is also not a first line treatment option and there is no documentation of failure of first line measures. Therefore the request is not medically necessary.

**Theo-24 300mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, theo-24.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of COPD and restrictive airway disorders. There is no documentation that the patient has any of these diagnoses due to industrial incident. The medication is also not a first line treatment option and there is no documentation of failure of first line measures. Therefore the request is not medically necessary.

**Follow-up for the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. The patient does still have knee pain despite both conservative and invasive treatments. Therefore the request is medically necessary.