MAXIMUS Federal Services

Case Number:	CM15-0042939		
Date Assigned:	03/13/2015	Date of Injury:	06/01/2012
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

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, Georgia
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 51-year-old female who sustained a work related injury on June 1, 2012, incurring knee injuries after falling. She was diagnosed with severe medial compartment osteoarthritis. In August 2012, she underwent a right knee arthroscopic. The injured worker developed increased pain and swelling in the left knee. She underwent a left knee arthroscopic in June 2013. Treatment included physical therapy and medications. Currently, the injured worker complained of increased, persistent left knee pain with difficulty walking. In November 2014, she underwent a left total knee replacement. The current treatment plan that was requested for authorization included a prescription for Dulcolax and one rehabilitation chair with Smooth Rider cycle II.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dulcolax 5 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Opioid induced constipation treatment.

Decision rationale: CA MTUS guidelines do not address the use of stool softeners. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no documentation of any opioid related constipation and no discussion of any trial of first line therapy. Use of Dulcolax is not medically indicated under these circumstances.

One (1) rehabilitation chair and Smooth Rider cycle II: 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), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Exercise equipment.

Decision rationale: CA MTUS is silent on the issue of exercise equipment such as the requested Smooth Rider Cycle II with rehabilitation chair. ODG section on knee states that exercise equipment is not primarily medical in nature. A Smooth Rider Cycle II with rehabilitation chair is not medically indicated.