

Case Number:	CM15-0052359		
Date Assigned:	03/25/2015	Date of Injury:	03/25/2014
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30-year-old male who reported an injury on 03/25/2014. His diagnoses include sprain of the knee and leg, enthesopathy of the knee, acquired deformity, and loose body in the knee. The mechanism of injury was unspecified. Past treatments included surgery, physical therapy, and medications. On 02/20/2015, the injured worker complained of right knee pain. The injured worker stated it was mild to moderate and frequent in duration. The physical examination indicated decreased range of motion at 0 to 110 degrees. The rest of the documentation was illegible. According to the documentation submitted for review, the injured worker has undergone previous physical therapy sessions in 2014 for the right knee. The specific date the injured worker underwent a right knee surgical intervention was not noted. A request was received for outpatient post-operative physical therapy (PT) sessions three (3) time a week for six (6) weeks to the right knee; pharmacy purchase of post-operative Keflex 500 mg, #30; pharmacy purchase of post-operative Ciprofloxacin 500 mg #30; pharmacy purchase of post-operative Phenergan 25 mg #5; pharmacy purchase of post-operative Colace 100 mg #60; pharmacy purchase of post-operative Vicodin ES #90; A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post-operative physical therapy (PT) sessions three (3) time a week for six (6) weeks to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: According to the California MTUS Postsurgical Guidelines, surgical treatment for patients with loose body or derangement of the meniscus are allotted 12 physical therapy visits over 12 weeks, with a maximum duration of 4 months. The injured worker was noted to have had previous physical therapy visits up to 12/2014. However, the number of total visits was not indicated within the clinical documentation. Furthermore, there was lack of objective functional improvement from the previously completed physical therapy sessions, along with a post therapy re-evaluation. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Pharmacy purchase of post-operative Keflex 500mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious diseases, Cephalexin (Keflex).

Decision rationale: According to the Official Disability Guidelines, Keflex is recommended as a first line treatment for cellulitis, nonpurulent cellulitis, empirical treatment for infection due to beta hemolytic streptococci and methicillin sensitive S aureus. There was a lack of documentation indicating the injured worker had an infectious disease, as the ones indicated above, to indicate the medical necessity for the use of Keflex. The request as submitted failed to specify a frequency. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Pharmacy purchase of post-operative Ciprofloxacin 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious diseases, Ciprofloxacin (Cipro).

Decision rationale: According to the Official Disability Guidelines, ciprofloxacin is recommended as a first line treatment for diabetic foot infections, osteomyelitis, chronic bronchitis, and other conditions, as indicated by infectious diseases. There was a lack of documentation the injured worker had a foot infection, osteomyelitis or respiratory infections. The request as submitted failed to specify a frequency. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Pharmacy purchase of post-operative Phenergen 25mg #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health issues, Sedative hypnotics.

Decision rationale: According to the Official Disability Guidelines, sedative hypnotics are not recommended for long term use and are limited to 3 weeks maximum in the first 2 months of injury, and are discouraged in the chronic phase. In addition, the injured workers date of injury is beyond the guideline recommendation of first 2 months for use. The request as submitted failed to specify a frequency. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Pharmacy purchase of post-operative Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: According to the California M TUS Guidelines, prophylactic treatment is recommended upon initial treatment with opioids to help prevent constipation. Furthermore, there was a lack of documentation the injured worker had constipation from opioid use. The request as submitted failed to specify a frequency. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Pharmacy purchase of post-operative Vicodin ES #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: According to the California MTUS Guidelines, postoperative opioids may be indicated when a written consent or pain agreement for chronic use is not required, making it easier for a physician/surgeon to document patient education, treatment plan, and informed consent. Risks and benefits should also be discussed for use of controlled substances and other treatment modalities by the physician and surgeon. There was lack of documentation of a written consent or opioid contract. The request as submitted failed to specify a frequency and dosage. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.