

Case Number:	CM14-0092220		
Date Assigned:	08/08/2014	Date of Injury:	04/17/2013
Decision Date:	09/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 claimant is a 37-year-old female injured in a work related accident 04/17/13. Clinical records for review indicate no indication of underlying comorbidities or medical history. There is documentation of a left knee injury for which she has been approved for a left knee arthroscopy, synovectomy, and "joint clean up. She has also been approved for preoperative history and physical examination with her internist, a CBC, and a metabolic panel. There is current perioperative request for preoperative testing to include an electrocardiogram, a chest x-ray, hepatic and renal functions, as well as postoperative use of a custom brace, Neurontin, ReJuveness gel and two topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California MTUS ACOEM Guidelines, preoperative testing would not be indicated. The specific testing in this case would not be supported as this individual fails to demonstrate any evidence of underlying comorbidities or past medical history that would support the role of workup beyond the CBC and chemistry panel that has already been supported therefore, this request is not medically necessary.

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California MTUS ACOEM Guidelines, preoperative testing would not be indicated. The specific testing in this case would not be supported as this individual fails to demonstrate any evidence of underlying comorbidities or past medical history that would support the role of workup beyond the CBC and chemistry panel that has already been supported therefore, this request is not medically necessary.

ELS (Extension Lock Splint) ROM Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: California MTUS ACOEM Guidelines would not support the postoperative use of a custom extension brace. This individual is to undergo surgical debridement, arthroscopically to the knee. Postoperatively, there would be no indication of instability or indication for bracing. While an ambulatory device can be utilized for assistance with gait, there would be no current indication for use of a custom extension brace therefore, this request is not medically necessary.

Neurontin 600mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS ACOEM Guidelines would not support the postoperative use of Neurontin. This individual is to undergo a knee arthroscopy and carries no current diagnosis of neuropathic pain. The use of this neuropathic agent in the postoperative setting would not be supported therefore, this request is not medically necessary.

Rejuveness Silicone Sheet:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cochrane Database Syst Rev. 2013 Sep 12;9:CD003826. doi: 10.1002/14651858.CD003826.pub3. Silicone gel sheeting for preventing and treating hypertrophic and keloid scars. O'Brien L1, Jones DJ.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS ACOEM Guidelines are silent. Medical record review would not support the use of Rejuveness silicone. This topical is only with weak evidence of benefit in the postoperative setting to prevent abnormal scarring. Given the claimant's indication for surgery to include an arthroscopy, which typically contains only minimal scar from structural portal sites, the use of this agent in the postoperative setting would not be indicated therefore this request is not medically necessary.

Hepatic Function Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Expert Reviewer's decision rationale: Based on California MTUS ACOEM Guidelines, preoperative testing would not be indicated. The specific testing in this case would not be supported as this individual fails to demonstrate any evidence of underlying comorbidities or past medical history that would support the role of workup beyond the CBC and chemistry panel that has already been supported therefore, this request is not medically necessary.

Renal Function Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Expert Reviewer's decision rationale:Based on California MTUS ACOEM Guidelines, preoperative testing would not be indicated. The specific testing in this case would not be supported as this individual fails to demonstrate any evidence of underlying comorbidities or past medical history that would support the role of workup beyond the CBC and chemistry panel that has already been supported.

LidoPro Cream, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale:California MTUS ACOEM Chronic Pain Guidelines would not support the topical use of LidoPro cream. There is currently no indication of the use of this topical cream in the postoperative setting. Guidelines indicate that topical compounds are largely experimental with few randomized clinical controls demonstrating their efficacy or safety. Specifically, there would be no indication for Lidocaine, a typical second line agent for acute use in this claimant's treatment therefore, this request is not medically necessary.

Terocin Patches, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale:California MTUS ACOEM Chronic Pain Guidelines would also not support Terocin patches. Terocin is a topical compound that contains amongst other agents Capsaicin. Capsaicin should be utilized as a second line form of treatment in the topical setting of neuropathic discomfort. This individual gives no current history or indication for use of this agent as first-line treatment following surgical process therefore, this request is not medically necessary.

Polar Care, 14 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: The Expert Reviewer's decision rationale:California MTUS ACOEM

Chronic Pain Guidelines would not support the postoperative use of a polar care device as the need for operative intervention has not been established therefore this request is not medically necessary.