

Case Number:	CM14-0211150		
Date Assigned:	01/09/2015	Date of Injury:	01/10/2008
Decision Date:	03/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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: Pennsylvania, Ohio, California
 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:

Treating diagnoses in this case include enthesopathy of knee, radial styloid tenosynovitis, neck sprain, and shoulder disorder. This patient is a 61-year-old man status post bilateral knee arthroscopies in 2008 and 2013. Initially the patient was noted to have a right knee flexion contracture; as of orthopedic surgery follow-up of 9/29/14 the patient has 0-125 degrees motion and the patient was encouraged to continue with a home independent rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Surgeon Referral: 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 ACOEM Guidelines Chapter 7 Consultations

Decision rationale: ACOEM guidelines recommend consultation when a diagnosis is uncertain or when there is a clinically complex situation which may benefit from additional expertise. This

patient has done well status post surgery; the records do not clearly provide a rationale for the requested consultation. This request is not medically necessary.

Aquatic Therapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: MTUS recommends aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. The records in this case do not provide a rationale as to why this patient requires aquatic rather than land-based therapy. The request is not medically necessary.

Lidocaine Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidocaine Page(s): 112.

Decision rationale: Topical lidocaine is supported per MTUS for localized peripheral neuropathic pain. The records do not clearly document a neuropathic diagnosis for which this medication has been requested. This request is not medically necessary.

Therapeutic Cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer did not base his/her decision on any guidelines, as there are no guidelines to address this non-specific request

Decision rationale: This request is not specific as to what therapeutic cream has been requested. Therefore, it is not possible to identify or apply a treatment guideline. Therefore, the request is not medically necessary.

Meds (unspecified): 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 The Expert Reviewer did not base his/her decision on any guidelines, as there are no guidelines to address this non-specific request

Decision rationale: This request is not specific. It is not possible to identify or apply a treatment guideline. Therefore, the request is not medically necessary.

Meds (unspecified) (retro): 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 The Expert Reviewer did not base his/her decision on any guidelines, as there are no guidelines to address this non-specific request

Decision rationale: This request is not specific. It is not possible to identify or apply a treatment guideline. Therefore, the request is not medically necessary.

Materials/Supplies (retro): 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 The Expert Reviewer did not base his/her decision on any guidelines, as there are no guidelines to address this non-specific request

Decision rationale: This request is not specific. It is not possible to identify or apply a treatment guideline. Therefore, the request is not medically necessary.