

Case Number:	CM15-0016772		
Date Assigned:	02/05/2015	Date of Injury:	02/28/2003
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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

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 53-year-old female who reported injury on 02/28/2003. The mechanism of injury was cumulative trauma. The diagnosis included bilateral knee arthroscopies, bilateral carpal tunnel syndrome, left knee arthrosis, right knee severe osteoarthritis, mild obesity, and right elbow epicondylitis. There was a Request for Authorization submitted for review dated 12/19/2014. The physician note of 12/09/2014 revealed the injured worker had complaints of burning, aching and stabbing pain in the bilateral knees with pins and needle sensation. The injured worker noted she was not attending therapy. The physical examination of the left ankle revealed the injured worker had a posterior incision that was healing. There was no sign of infection. There was some swelling. The injured worker was ambulating with the use of 2 crutches. The physical examination of the right knee revealed bilateral joint line tenderness and crepitus. There was painful range of motion that was reduced. There was loss of bony landmark. There was a positive McMurray's and Lachman's test. The treatment plan included the injured worker was waiting for March to resubmit a Request for Authorization for right knee total arthroplasty. Treatment plan included a renewal of ibuprofen 800 mg #90, Vitalee 3 times a day #100, and Prilosec 20 mg. Additionally, the request was for the injured worker to return within 6 weeks for an orthopedic re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term treatment of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation of objective functional improvement and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ibuprofen 800 mg #90 is not medically necessary.

Vitalee #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical food.

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for chronic pain. The clinical documentation failed to provide a rationale for the requested medical food. The components for the medical food were not provided. The request as submitted failed to indicate the frequency for the requested medical food. The objective functional benefit and objective decrease in pain were not noted. Given the above, the request for Vitalee #90 is not medically necessary.

Ortho re-evaluation in six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

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

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical

documentation submitted for review indicated the injured worker had ongoing pain in the knee and ankle. The injured worker had decreased range of motion. This would support the necessity for an orthopedic re-evaluation. Given the above, the request for orthopedic re-evaluation in 6 weeks would be appropriate. However, there was a lack of documentation indicating the specific date for the re-evaluation. There was a lack of documentation indicating the requested date of office visit. Therefore, the request for ortho re-evaluation in 6 weeks is not medically necessary.