

Case Number:	CM15-0018634		
Date Assigned:	02/06/2015	Date of Injury:	04/26/2012
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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 56 year old male, who sustained an industrial injury on April 26, 2012. The diagnoses have included left shoulder mini open RCR, distal clavicle resection, SAD, status post left knee total knee replacement. Treatment to date has included total knee replacement, pain medication, steroids and physical therapy. The injured worker complains of underwent knee surgery on the left knee on October 17, 2014. On December 31, 2014 Utilization Review non-certified a request for retrospective medications unspecified, noting that the request could not be approved as the documentation submitted simply states that medications were refilled without naming the medications, the dosage or the quantity. The ACOEM was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of retrospective medications unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: 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 I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand

Decision rationale: This patient presents with s/p left total knee arthroplasty dated 10/17/14. The request is for RETROSPECTIVE MEDICATION, non-specific. The request for authorization(RFA) is apparently dated 12/19/14 according to utilization review letter from 12/30/14. But this RFA is not available in the file provided. Review of the provided reports do not list any medications either. The patient's work status is temporary total disability per 12/01/14 report. In this case, the treater does not specified name of medication, the dosage or the quantity of the request. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the ingredients of the requested medications. The request in this case was too generic and might conceivably refer to any number of medications and guideline citations. Without any discussion regarding retrospective medications, the request cannot be considered. The request IS NOT medically necessary.