

Case Number:	CM15-0123235		
Date Assigned:	07/07/2015	Date of Injury:	06/22/2012
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency Medicine

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 40 year old male patient who sustained an industrial injury on 06/22/2012. A primary follow up dated 05/15/2015 reported subjective complaint of pain in his right medial knee with weight bearing activities and also at rest. Objective findings showed a positive medial McMurrays' and a one plus effusion. The plan of care noted proceeding with surgical intervention. The patient participated in a course of physical therapy after having had failed conservative treatment. At a follow up visit dated 03/09/2015 he has subjective complaint of continuing with medial and lateral right knee pains. He is having increased left knee pains due to compensation. He will remain temporarily totally disabled. Magnetic resonance imaging demonstrated a full-thickness fissure in the medial aspect of the patella; grade 3-4 chondromalacia of the medial femoral condyle and a tear of the meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Flow Cryotherapy.

Decision rationale: The requested associated surgical service: Cold therapy unit, is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Knee, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has medial and lateral right knee pains. He is having increased left knee pains due to compensation. The treating physician has not documented the medical necessity for a post-op cold therapy unit beyond the referenced guideline recommendation of 7 days post-op use. The criteria noted above not having been met, associated surgical service: Cold therapy unit is not medically necessary.

Post-op medication: Vistaril 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Drug Reference (PDR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdrhealth.com/drugs/vistaril>.

Decision rationale: The requested post-op medication: Vistaril 25mg #30, is not medically necessary. CA MTUS is silent on this issue. <http://www.pdrhealth.com/drugs/vistaril> note that this anti-histamine is used to treat extreme anxiety or allergic reactions. The injured worker has medial and lateral right knee pains. He is having increased left knee pains due to compensation. The treating physician has not documented the medical necessity for this medication, ie. a lack of documented allergic reaction or extreme anxiety. The criteria noted above not having been met, post-op medication: Vistaril 25mg #30 is not medically necessary.

Post-op medication: Daypro 600mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications.

Decision rationale: The requested post-op medication: Daypro 600mg, #60, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured

worker has medial and lateral right knee pains. He is having increased left knee pains due to compensation. The treating physician has not documented that the injured worker will be post-op and therefore presumed to have an acute inflammatory condition. The criteria noted above having been met, post-op medication: Daypro 600mg, #60 is medically necessary.