MAXIMUS Federal Services

Case Number:	CM15-0128427		
Date Assigned:	07/15/2015	Date of Injury:	04/08/2014
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 (IW) is a 47-year-old male who sustained an industrial injury on 04/08/2014. Diagnoses include status post left knee arthroscopy 1/23/15. Treatment to date has included medication, knee surgery and post-operative physical therapy (PT). Left lower extremity venous duplex ultrasound on 2/5/15 was negative for deep or superficial venous thrombosis. According to the progress notes dated 6/11/15, the IW reported slow post-operative progress due to a pause in his PT; there was miscommunication concerning authorizations. He had 12 sessions of PT out of the prescribed 24 sessions. He was performing his own stretching and strengthening exercises at home in the meantime. He also reported a flare-up of pain in the left ankle. On examination of the left knee, there was trace effusion, positive patellofemoral crepitation, positive grind, strength 3/5, notable quadriceps atrophy compared to the opposite side, pain with deep squat and negative varus and valgus stress test. Anterior drawer, Lachman's and posterior drawer signs were negative. A request was made for 12 sessions of physical therapy to improve range of motion and strength and Duexis 800/26.6mg, #90 with 3 refills for inflammation with protection from gastric ulcer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: According to the guidelines, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. In this case, the surgery was 5 months prior. The guidelines allow for 12 sessions of therapy over 12 weeks. In this case, the claimant had already completed 12 sessions of therapy and 6 months has elapsed. There is no indication that additional therapy cannot be completed at home. The request for additional 12 sessions is not medically necessary.

Duexis 800/26.6mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Duexis contains an NSAID and histamine blocker for GERD. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Duexis for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was no history of GERD or GI risks that would require an H2 blocker. Pain scores were not recently noted. Continued use of Duexis is not medically necessary.