MAXIMUS Federal Services

Case Number:	CM15-0060291		
Date Assigned:	04/06/2015	Date of Injury:	07/12/2014
Decision Date:	05/27/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 35 year old male injured worker suffered an industrial injury on 07/12/2014. The mechanism of injury involved a fall. The diagnoses included facial contusion, post traumatic cephalagia, contusion sprain to the cervical/lumbar spine, and fracture of the left patella, anxiety and sleep disturbance. The diagnostics included chest x-ray, thoracic/ lumbar x-ray, left wrist, knee x-rays, electromyographic studies/nerve conduction velocity studies of upper extremities and computerized tomography of the orbits and cervical spine. The injured worker had been treated with left knee arthroscopy, and medications. The injured worker presented on 01/26/2015 for a follow-up evaluation. It was noted that the injured worker was status post manipulation under general anesthesia on 10/13/2015 secondary to left knee stiffness. After the procedure, the injured worker reported an increase in pain. The injured worker ambulated with the use of a cane. It was also noted that the injured worker had completed 26 sessions of physical therapy and 19 sessions of chiropractic therapy. Upon examination, there was slightly decreased tenderness to palpation over the paracervical and levator scapulae muscles bilaterally. There was slightly decreased tenderness to palpation over the paralumbar muscles without spasm. There was tenderness to palpation over the rotator cuff muscles as well as the dorsi/palmar flexors. Examination of the left knee revealed well healed surgical scars with mild swelling, tenderness to palpation, patellar effusion, positive patellar tracking, and retropatellar crepitus. Patellar apprehension test was positive, as well as patellar grind test. Range of motion revealed flexion to 90 degrees and extension to 0 degrees. There was 4/5 motor weakness in the left quadriceps and hamstring. Treatment recommendations at that time included laboratory studies, tramadol

50 mg, Anusol HC cream, and continuation of chiropractic treatment. The injured worker was also referred to a sleep specialist for evaluation secondary to sleep disturbance. A Request for Authorization form was submitted on 01/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep specialist consult: 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) Treatment Index, 13th Edition (web), 2015, Pain chapter, Insomnia treatment; ACOEM 2nd Edition (2004), Chapter 7, pages of 112 and 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is no documented history of insomnia noted. There is insufficient information provided by the physician to associated or establish the medical necessity for a referral to a sleep specialist. There was no discussion regarding the prior treatment of insomnia or behavioral interventions. As the medical necessity has not been established, the request is not medically necessary.

Complete blood count with Erythrocyte Sedimentation Rate (ESR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lab Tests Online, HON code standard for trustworthy health information. 2001 - 2014 by American Association for Clinical Chemistry, Last modified on April 29, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, an ESR test may be ordered when a condition or disease is suspected of causing inflammation in the body. The test has been utilized to help detect inflammation associated with conditions, such as infection, cancer, and autoimmune diseases. In this case, the injured worker does not exhibit any signs or symptoms suggestive of an autoimmune disorder or infection. There is no indication of the suspicion for cancer. The medical rationale for the requested laboratory testing was not provided. Given the above, the request is not medically necessary.

Anusol HC cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 28 April 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Hydrocortisone Topical.

Decision rationale: According to the U.S. National Library of Medicine, topical hydrocortisone can be used for the inflammation of ulcerative colitis or proctitis; or the swelling and discomfort of hemorrhoids and other rectal problems. In this case, the injured worker was issued a prescription for Anusol HC topical cream to be used for reducing inflammation. However, there is no documentation of any previous treatment prior to the initiation of a prescription product. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.