

Case Number:	CM15-0060623		
Date Assigned:	04/07/2015	Date of Injury:	03/14/2011
Decision Date:	06/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/31/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old male, who sustained an industrial injury on 03/14/2011. The injured worker is currently diagnosed as having right shoulder status post surgery, status post lumbar spine decompression surgery, lumbar spine degenerative disc disease, neuropathic pain to right lower extremity, left shoulder impingement syndrome, cervical strain, right knee status post anterior cruciate ligament reconstruction, right knee instability, left knee internal derangement, bilateral ankle arthrosis, and bilateral plantar fasciitis. Treatment to date has included medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of continued left shoulder and left knee pain. The treating physician reported requesting authorization for a repeat MRI of the left knee, physical therapy for the left knee, Diclofenac, Omeprazole, and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, there was no documentation of a worsening or progression of symptoms, or physical examination findings to support the necessity for an additional imaging study. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

Physical therapy for the left knee 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no discussion regarding the type or extent of past physical therapy, nor extended outcome of objective measures or functional gains. The medical necessity for additional treatment has not been established in this case. As such, the request is not medically necessary at this time.

Diclofenac XR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized the above medication since 11/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Cialis (unspecified dose and qty): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Tadalafil (Cialis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication Updated: 19 May 2015. U.S. National Library of Medicine. U.S.

Decision rationale: According to the U.S. National Library of Medicine, Cialis is used to treat erectile dysfunction and the symptoms of benign prostatic hyperplasia. The injured worker does not maintain either of the above mentioned diagnoses. There is no report of a urological evaluation indicating the extent and etiology of erectile dysfunction. There is also no strength, frequency, or quantity listed in the request. Given the above, the request is not medically necessary.