

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/5/2013
Date of Injury: 8/14/2008
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0014149

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

60 year old male with date of injury 8/14/08. Status post left knee arthroplasty on 6/6/13. Examination note from 7/19/13 demonstrates Knee flexion 60 with extension of 0 degrees. No documentation in record of number of physical therapy sessions completed or functional improvement obtained after therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Duexis 800 mg #90, is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Treatment Guidelines (2009), page 10, which is part of the MTUS. In addition American College of Occupational and Environmental Medicine (ACEOM),(2009), Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to the California MTUS regarding Non-steroidal anti-inflammatory drug (NSAID), "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP), suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another.

In this case there is insufficient evidence of first line agent failure to warrant medical necessity and therefore is non-certified.

2. Outpatient physical therapy three times per week for six weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Post Surgical Treatment Guidelines which is part of the MTUS.

The Physician Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, pg. 24, which is part of MTUS.

The Physician Reviewer's decision rationale:

CA MTUS 2009 Postsurgical Treatment Guidelines page 24, recommends up to 24 postop therapy sessions for knee arthroplasty. It states, "Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks *Postsurgical physical medicine treatment period: 4 months". There is insufficient clinical documentation of functional improvement in the knee after therapy and the number of sessions. Therefore the medical necessity has not been established and the request is non-certified.

3. Outpatient MRI lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM), (2009), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS/ACOEM guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause Magnetic Resonance Imaging (MRI), for neural or other soft tissue, Computerized Tomography (CT), for bony structures."

In this particular employee there is no indication of criteria for an MRI based upon physician documentation or physical examination findings. There is no documentation of nerve root dysfunction or failure of a treatment program such as physical therapy.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0014149