

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 8/2/2011
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0014299

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 Anesthesiology 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

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old male who reported an injury on 08/21/2011 with the mechanism of injury stated to be the patient fell 3 feet into an open hatch of a boat. The patient was noted to have right knee pain of 0/10 to 3/10 and left knee pain of 2/10 to 6/10. The patient noted the knees have moderate stiffness and pain. The patient's diagnoses were stated to include left knee internal derangement of 836.0, and left knee medial joint line arthrosis, left knee arthroscopic meniscectomy on 03/30/2012, and left knee TKA on 02/05/2013. The request was made for apap/hydrocodone bitartrate tab 500 mg-5mg #60.

IMR DECISION(S) AND RATIONALE(S)

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

1. APAP/hydrocodone bitartrate tab 500 mg – 5 mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guideline, Hydrocodone/Acetaminophen, page 91, On-going Management, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The CA MTUS Guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and recommend for ongoing opioid treatment there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review indicated that the patient on 09/25/2013 had a pain level to the left knee of 2/10 to 6/10 and right knee of 0/10 to 3/10.

However, clinical documentation submitted for review failed to provide whether this was prior to medication or post medication. Additionally, it failed to provide documentation of the patient's activities of daily living including functional abilities, adverse side effects, and aberrant drug-taking behaviors. Given the above, the request for APAP/hydrocodone bitartrate tablet, 500 mg/5 mg #60 is not medically necessary.

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]

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