

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Dated: 12/23/2013

<b>IMR Case Number:</b>	CM13-0017688	<b>Date of Injury:</b>	03/26/2011
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/28/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] M.D		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
SEE ATTACHED PAGE 2			

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 Internal Medicine, 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:

This is a 62 year old male with date of injury 3/26/11. The mechanism of injury was listed as repetitive trauma. The date of request for services and medications was 8/16/13. The reviewed provider notes reveal that the patient complained of right knee pain during the majority of the provider visits. A provider note dated 07/2013 states that the patient was complaining of headaches, intermittent chest pain (not further characterized), shortness of breath, a peptic acid reaction and an aggravated prostate. Radiographs of the knee and chest showed mild osteoarthritis and an elevated right hemidiaphragm respectively. The patient has had an arthroscopy of the right knee (no further details documented), physical therapy, acupuncture, shock wave therapy and medications for treatment of knee pain. Objective: normal vital signs, right knee surgical scar, normal cardiovascular exam, normal pulmonary exam, normal abdominal exam with exception of a possibly enlarged liver. Diagnoses: kne pain, chest pain, shortness of breath, gastrointestinal upset, urologic dysfunction. Treatment plan and request: Diclofenac, transdermal meds (not further specified), urology treatment, CT scan of the abdomen, laboratories (to include cholesterol panel, thyroid panel and hemoglobin A1C), pulmonary function tests and echocardiogram.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. Diclofenac ER 100mg is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guideline, NSAID's, pages 67 and 71, which is part of the MTUS.

The Physician Reviewer's decision rationale:

This 62 year old male has chronic knee pain and a more recent notation of diagnoses of chest pain, shortness of breath, peptic acid reaction and an aggravated prostate. Treatment has included one knee surgery (arthroscopy), physical therapy, shock wave therapy, acupuncture and medications. As per the MTUS references cited above, Diclofenac is a nonselective NSAID that has common side effects including abdominal cramps, nausea, vomiting, diarrhea, constipation and flatulence. The reason for requesting treatment with diclofenac is not stated in the available medical records. If the medical reasoning was for the treatment of chronic knee pain, this action is not supported by the MTUS guidelines above which note that there is no evidence of any long term effectiveness of diclofenac for improvement in joint pain or overall function. In consideration of the chronicity of this patient's pain and his concurrent complaint of peptic acid reaction, the medical necessity of diclofenac is not indicated. **The request for Diclofenac ER 100mg is not medically necessary and appropriate.**

### **2. Transdermal medications administered/prescribed is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

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

The Physician Reviewer's decision rationale:

This 62 year old male has chronic knee pain and a more recent notation of diagnoses of chest pain, shortness of breath, peptic acid reaction and an aggravated prostate. Treatment has included one knee surgery (arthroscopy) and medications. There is no documentation or discussion of the specific transdermal medication that is being requested nor a discussion of the indication for prescribing a transdermal medication. A transdermal medication is not indicated as certified without knowing the exact medication that is being requested and its indication. A specific reference or citation cannot therefore be generated from the MTUS with this lack of documentation. **The request for transdermal medications administered/prescribed is not medically necessary and appropriate.**

### **3. Urologic treatment is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

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

The Physician Reviewer's decision rationale:

This 62 year old male has chronic knee pain and a more recent notation of diagnoses of chest pain, shortness of breath, peptic acid reaction and an aggravated prostate. Treatment has included one knee surgery (arthroscopy), physical therapy, acupuncture, shock wave therapy and medications. The request for urologic treatment is dated 08/2013. The last provider note dated 07/2013 notes that the patient complained of an aggravated prostate. There are no documented symptoms describing a urologic condition nor is there a physical examination documenting a prostate examination. There are no MTUS guidelines with regard to the request for urologic treatment. Urologic treatment should not be certified without documentation of urologic evaluation. In view of this lack of documentation (prior urologic evaluation, specific patient symptoms, lack of specific urologic diagnoses that have been documented), urologic treatment is not indicated as certified. **The request for urologic treatment is not medically necessary and appropriate.**

### **4. CT scan of the abdomen is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Martin P. Approach to the patient with liver disease. In: Goldman L, Schafer AI, eds. Cecil Medicine. 24<sup>th</sup> ed. Philadelphia, PA. Saunders Elsevier; 2011:chapter 148, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This 62 year old male has chronic knee pain and a more recent notation of diagnoses of chest pain, shortness of breath, peptic acid reaction and an aggravated prostate. Treatment has included arthroscopy of the knee, acupuncture, physical therapy, shock wave therapy and medications. The last provider note of 07/2013 notes a request for a CT scan of the abdomen. There is no documentation provided discussing the indication for a CT of the abdomen. There are no subjective complaints noted in the last note from 07/2013 and no positive physical examination findings from this date with the exception of a possibly enlarged liver. MTUS guidelines do not make specific recommendations with regard to a CT of the abdomen. Per the reference cited above, the initial indicated radiologic study in suspected hepatomegaly (enlarged liver) is an ultrasound. There is no documentation in the available medical records of a prior ultrasound study of the liver. **The request for CT scan of the abdomen is not medically necessary and appropriate.**

## **5. Cholesterol panel, thyroid panel, pulmonary, Hgb A1c is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Hedgewald MJ, Capo R.O. Pulmonary Function Testing. In: Mason RJ et al, eds. Murray and Nadel's Textbook of Respiratory Medicine. 5<sup>th</sup> ed. Philadelphia, Pa. Saunders Elsevier;2010: Chapter 24, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This 62 year old male has chronic knee pain and a more recent notation of diagnoses of chest pain, shortness of breath, peptic acid reaction and an aggravated prostate. Treatment has included knee arthroscopy, shock wave therapy, physical therapy and medications. In a provider note dated 07/2013, the above serologies as well as pulmonary function testing were requested. There is no documentation in the provider note stating reasoning for obtaining a lipid panel, thyroid panel and hemoglobin A1c. There is no documentation in the provider note stating reasoning for obtaining pulmonary function testing. In the same provider note there are no patient symptoms documented and there are no objective findings documented with the exception of a possibly enlarged liver. Listed diagnoses (without documented patient symptoms) of shortness of breath, chest pain, aggravated prostate and peptic acid reaction are not sufficient reasons to obtain the above requested testing. Regarding the above serologic studies, there is a lack of documentation of the provider's reasoning for obtaining the requested studies. In view of lack of documentation in the provided medical records, the above serologies and pulmonary function testing are not indicated as clinically necessary. **The request for cholesterol panel, thyroid panel, pulmonary, Hgb A1c is not medically necessary and appropriate.**

## **6. Echocardiogram is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS. The Physician Reviewer also based his/her on the ACC/AHA Guidelines for the Clinical Application of Echocardiography. Circulation, 1997;95:1686-1744, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This 62 year old male has chronic knee pain and a more recent notation of diagnoses of chest pain, shortness of breath, peptic acid reaction and an aggravated prostate. Treatment has included arthroscopy of the knee, physical therapy, acupuncture, shock wave therapy and medications. In the provider note from 07/2013, a request for echocardiogram was made. There is no documentation providing the treating physician's reasoning for obtaining an echocardiogram nor are there any specific patient complaints, symptoms or objective findings documented. The above cited guideline indicates that echocardiogram may be indicated for a variety of causes of chest pain that are suspected to be cardiac in nature. There is no documentation in the medical record discussing the etiology of the diagnosis of chest pain in this patient.

There are no documented patient subjective complaints and objective data includes a negative physical examination. **The request for echocardiogram is not medically necessary and appropriate.**

/skf

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]  
[REDACTED]  
[REDACTED]  
[REDACTED]