
Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 1/18/2004
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002072

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 Velcro strap for a knee brace **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 enzyme test **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Percocet 7.5/325mb #120 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 Velcro strap for a knee brace **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 enzyme test **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Percocet 7.5/325mb #120 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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 treatments and/or services at issue.

Case Summary:

Disclaimer: No clinical case summary was provided on the utilization review denial/modification dated July 3, 2013.

Documents Reviewed for Determination:

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

- Application for Independent Medical Review (received 7/18/2013)
- Utilization of Review by [REDACTED] (date 7/5/2013)
- Medical Records from Employee/Representative (date 7/15/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 velcro strap for a knee brace:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College

of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004, page 340, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 1/18/2004 and has experienced ankle and foot pain, which has been treated with surgery. A prescription dated 8/7/2012 is for a molded foot orthotic for right ankle pain. On physical examination, the employee has pain involving the calcaneofibular ligament and to a lesser extent the anterior talofibular ligament. The provider's note dated 6/18/2013 documents the employee is doing well but the Velcro strap on the knee brace is in need of repair. A request was submitted for 1 Velcro strap for a knee brace.

This employee underwent cartilage and meniscal repair with multiple knee surgeries. The employee's current knee brace Velcro was not working which was the reason for a new knee brace. The ACOEM guideline indicates that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the employee is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average employee, using a brace is usually unnecessary. The request for 1 velcro strap for knee brace **is medically necessary and appropriate.**

2) Regarding the request for 1 enzyme test:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, page 8, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 1/18/2004 and has experienced ankle and foot pain, which has been treated with surgery. A prescription dated 8/7/2012 is for a molded foot orthotic for right ankle pain. On physical examination, the employee has pain involving the calcaneofibular ligament and to a lesser extent the anterior talofibular ligament. On physical examination, the employee has pain involving the calcaneofibular ligament and to a lesser extent the anterior talofibular ligament. A request was submitted for 1 enzyme test.

The MTUS Chronic Pain Guidelines do not specifically discuss genetic testing other than noting there may be some genetic predisposition to opiate addiction. Other than a physician's note dated 6/18/2012, there is no discussion of how the requested testing is related to the industrial injury or for the employee's health. Further, there is no indication of the enzyme or what that the provider believes is necessary to test. The documentation submitted does not support the request. The request for 1 enzyme test **is not medically necessary and appropriate.**

3) Regarding the request for 1 prescription of Percocet 7.5/325mb #120:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Pain Interventions and Treatments, page 11, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 1/18/2004 and has experienced ankle and foot pain, which has been treated with surgery. A prescription dated 8/7/2012 is for a molded foot orthotic for right ankle pain. On physical examination, the employee has pain involving the calcaneofibular ligament and to a lesser extent the anterior talofibular ligament. A request was submitted for 1 prescription of Percocet 7.5/325mb #120.

The MTUS Chronic Pain Guidelines indicate that for long-term users of opioids, the maintenance strategy should not include attempting to lower the dose if it is working. The guidelines also state that it is appropriate to treat pain as long as it persists. The use of Percocet is in accordance with these guidelines for this employee based on the records submitted and reviewed. The request for 1 prescription of Percocet 7.5/325mb #120 **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

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.